



Monthly Giving Enrollment Form

Date: _____

Name: _____

Address: _____

Day Phone: _____

City, State, Zip: _____

Eve Phone: _____

Email: _____

Please acknowledge my monthly gifts (please check one): Annually Monthly

Please choose a date you would like us to process your monthly donation (please choose one): 5th of the month 20th of the month

I prefer to make automatic gifts from (please choose one):

Electronic Funds Transfer from my checking or savings account. Attached is my voided check or a check with my first monthly gift.

I would like to make my donation online each month at www.hopeservices.org.

Credit Card: Visa MasterCard Credit Card #: _____

Expiration: _____ Sec. Code: _____

I will make my monthly donation using my own checks. Please mail me a supply of pre-addressed return envelopes.

I authorize HOPE Services to initiate electronic debt entries to my checking, savings, or credit card account. This authorization will remain in effect until I notify HOPE Services in writing that I wish to discontinue the contributions.

Signature

Date

Note: Please fax this form back to (408) 284-2861 or mail it to HOPE Services, 30 Las Colinas Lane, San Jose, CA 95119.

Please keep a photocopy of this form as a record of your commitment. We will also send you a confirmation of your monthly giving program. Please contact Development Manager, Deanna Bullier at (408) 284-2858 with any questions.

Thank You! For your generous support!