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Monthly Giving Enrollment Form

Yes, I want to become a Friend of HCCHS and help to give the gift of shelter. My monthly, tax deductible contribution (minimum \$5.00) is:

\$10 \$15 \$25 \$50 Other \$ _____

Credit Card: I authorize HCCHS to charge my credit card each month for the amount entered above.

VISA® MasterCard®

Card No. _____ Expiration Date / /
MM DD YY

Signature _____ Date Signed / /
MM DD YY

Electronic Funds Transfer: I authorize my bank to pay to HCCHS each month the amount entered above according to the terms of the agreement below. I have enclosed a check for my first month's gift from the account I wish to use.

Signature _____ Date Signed / /
MM DD YY

Please enclose a check for your first month's gift. Thank you.

Please Complete:

Name (Print): _____ Phone: (___) _____ - _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Terms of Agreement

My authorization to charge my credit card or transfer my monthly electronic funds transfer shall remain in effect until I notify HCCHS in writing that I wish to end this agreement and HCCHS has had a reasonable time to act upon it. A record of each payment will be included on my monthly bank or credit card statement and will serve as my receipt.

Keep this receipt for your records. Thank you for your contribution.

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Amount per month \$ _____

Date Signed / /
MM DD YY