

MEMORANDUM

To: Hope Haven, Inc. Rock Valley IA 51247

Date:

From:

Subject: ACH Transfer for a monthly gift to Hope Haven

We would like to present our monthly gift to Hope Haven by way of an automatic electronic transfer from our checking/savings account. This memo is to request and authorize you to initiate procedures that will generate a monthly ACH payment to Hope Haven from our checking/savings account with _____ per notations below, until we give notice to you to change or discontinue this procedure.

Bank Information:

BANK NAME:

ADDRESS:

CITY/STATE/ZIP:

ABA ROUTING #:

ACCOUNT NUMBER:

About our gift:

Amount and timing: \$_____ dollars is to be transferred on the _____ day of the month, or first business day thereafter, beginning on _____, and continuing until we request you to change or discontinue this procedure as noted above.

Purpose of our gift:

We wish to designate it for continuing support of Hope Haven/Hope Haven International Ministries/Capital Campaign (Please indicate your choice by circling appropriate designation). Please send my receipts/acknowledgements to:

Name:

Address:

City/State/Zip:

Contact us with questions: 712-476-2737

Return form via Email, Fax or Mail: bgisolf@hopehaven.org
712-476-3116

Hope Haven Foundation
PO Box 70
Rock Valley, IA 51247