



Circle of Hope

ELECTRONIC FUNDS TRANSFER DONATION

I want my monthly gift automatically deducted from my:

- Checking
- Savings

Monthly donation amount:

- \$15
- \$35
- \$55
- \$105
- Other: \$ _____

Name on Account: _____

Bank Name: _____ Phone: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____

Bank Routing Number: _____

I authorize my bank to transfer the amount indicated on this form from my checking/savings account on a monthly basis. This donation will be deducted until you notify your bank to stop. You may cancel your donation at any time. If you do so, please also notify Bridge Communities. Thank you for your donation.

Printed Name: _____

Signature (required): _____ Date: _____

If you have questions, please call Liza Sury at 630-403-5096 or email her at Liza.Sury@bridgecommunities.org.