

Enrollment Form

I would like to become a member of the **Circle of Hope Club**
My commitment for a monthly financial donation:

\$10 \$25 \$50 \$100 \$ _____

Please contact the ROH business office to change or cancel your donation at any time.

Pay by check - I commit to personally mail my monthly donation

Credit card donation on-line - I commit to personally processing my month on-line donation

You can count on receiving my monthly donation commitment

The 1st of each month

The 15th of each month

Automatic Donations

Automatic bank transfer - (please complete bank section below)

Automatic credit card deduction

You can count on receiving my monthly donation commitment

The 1st of each month

The 15th of each month

Name - please print

Address

City

State

Zip

() _____
Phone Number

E-Mail

Automatic Bank Transfer

I give my bank permission to transfer the above amount from my personal account to support Refuge of Hope each month.

You can count on receiving my monthly donation commitment

The 1st of each month

The 15th of each month

Bank

() _____
Bank Phone Number

Bank Account Number

Checking (enclose a void blank check please)

Savings ((enclose a void deposit slip please)

Signature

Date

Mastercard or Visa Account Number

Expiration Date

I have read, understand and agree with the information above.

I have attached my void bank check or savings deposit slip.

I give permission to use by credit card information for my monthly donation charge.