



AUTOMATIC DONOR PROGRAM

In response to many requests from donors, the Eureka Rescue Mission is offering an Automatic Donor Program. This program is strictly voluntary for your convenience. Thank you for your support of the Mission.

There are two ways you can do this: Automatic withdrawal from your checking account or by using your VISA or MasterCard.

CHECKING WITHDRAWAL Only for U.S. banks. To enroll in the auto-

matic checking account withdrawal, simply fill out and sign the form below and attach a VOIDED BLANK check. ERM will contact your bank to set up the monthly transfer, usually within 30 to 45 days.

CREDIT CARD WITHDRAWAL

To enroll in the automatic credit card account withdrawal, please complete the form below giving the type of credit card, account number, expiration date and your name as it appears on the credit card.

YOUR DONATION

Total amount of gift \$ _____ will be deducted from my

checking OR **credit card account**

(*Please check*) on the **3rd** OR **18th** of each month beginning with (*month and year*) _____

Monthly receipt Yearly receipt

YOUR INFORMATION

Name _____ Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I would like to receive the quarterly newsletter by email.

CHECKING ACCOUNT INFORMATION **Be sure to include a VOIDED BLANK CHECK**

Your Name (as it appears on bank account) _____

With my signature below, I, _____, authorize the Eureka Rescue Mission to withdraw from my checking account the amount of \$ _____ each month on the day designated above. This authorization will remain in effect until I notify the Eureka Rescue Mission in writing two weeks prior to the automatic withdrawal that I wish to change or discontinue contributions.

Signature (Please sign as registered with your bank) _____

CREDIT CARD INFORMATION

Your Name (as it appears on credit card) _____

Please check which type of card: VISA MasterCard

Credit Card Number _____ Expiration Date _____

With my signature below, I, _____, authorize the Eureka Rescue Mission to charge my credit card in the amount of \$ _____ each month on the day designated above. This authorization will remain in effect until I notify the Eureka Rescue Mission in writing two weeks prior to the automatic withdrawal that I wish to change or discontinue contributions.

Signature (Please sign as registered with your credit card company) _____