

# MIDWEST COVENANT HOME FOUNDATION



BOX 367, STROMSBURG NE, 68666 (402) 764-2711

**HOW TO GIVE TO THE FOUNDATION** To make a donation to the Midwest Covenant Home Foundation, please print out, complete and return this form. Questions, please contact us (402) 764-2711. *Your gift is tax deductible to the fullest extent allowed by law.*

CASH

CHECK  
PAYABLE TO: MIDWEST COVENANT HOME FOUNDATION

DEBIT AUTHORIZATION  
MUST COMPLETE BOTTOM PORTION OF FORM

NAME | ORGANIZATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

DID YOU MAKE A PLEDGE TO THE CAPITAL CAMPAIGN? ONE-TIME  QUARTERLY  3-YEAR  5-YEAR

FILL OUT BOTTOM PORTION ONLY IF AUTHORIZING DEBIT TRANSACTIONS

## DEBIT AUTHORIZATION FORM

I (we) hereby authorize MIDWEST COVENANT HOME FOUNDATION hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for \$ \_\_\_\_\_

I (we) authorize these debit entries to be debited (select one)

ONE TIME

ON A RECURRING BASIS

I (we) have chosen 'on a recurring basis' and would like our donation frequency to be (select one)

MONTHLY   
ON OR AROUND THE 15<sup>th</sup>

QUARTERLY   
JAN | APR | JUL | OCT  
ON OR AROUND THE 15<sup>th</sup>

ANNUALLY   
ON OR AROUND THE 15<sup>th</sup>  
OF START MONTH

I (we) authorize these recurring debits to begin \_\_\_\_\_ | \_\_\_\_\_ and end \_\_\_\_\_ | \_\_\_\_\_  
MONTH YEAR MONTH YEAR

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law

FINANCIAL INSTITUTION \_\_\_\_\_

BRANCH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

TYPE of account (select one) CHECKING  SAVING

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
PRINTED INDIVIDUAL NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE