

Monthly Giving Application

Please complete and *mail* to Haven House, Inc.
Thank you for your generosity!

Name:
Address:
City:
State: ZIP:
Phone:
Email:

I wish to make automatic monthly donations through my:

- Credit card
 - VISA
 - MasterCard
 - American Express

Card #:

Expires:

I authorize Haven House, Inc. to transfer the following amount ***monthly***:

- \$10.00 \$15.00 \$20.00 \$25.00 \$50.00
- \$100.00 \$250.00 Other (minimum \$10.00): \$.....

I want my monthly donation transfers to occur on the 10th or 25th day of the month.

This authorization will remain in effect until I notify Haven House, Inc. in writing 10 business days prior to the next scheduled transfer that I wish to change my contributions.

I understand I will receive one gift acknowledgement and summary of my donations in January following the tax year, reflecting all my donations. All donations are deductible to the extent allowed by law.

Signature: Date:

.....
.....

Please complete and save this portion as a record of your commitment to Haven House, Inc.

Amount pledged per month: \$..... Method of payment: checking account credit card
Automatic transfers occurring on the 10th or 25th day of the month.