



C H R I S T I A N
C O M M U N I T Y F O U N D A T I O N

Electronic Funds Transfer Donor Authorization Form

Donor Information

Donor Name

Name of your Donor Advised Fund

Daytime Phone Number

Donation Information

Amount of each donation: \$_____ (\$100 minimum)

Frequency of each donation: _____ Monthly
_____ Quarterly (January, April, July and October)

Month of first donation: _____ 200_

Your donation will be withdrawn on the fifteenth of the month. A receipt will not be mailed to you for each donation made using electronic funds transfer. A record of these donations will appear on your quarterly fund statements.

Bank Information

Please attach a voided check from the account that you wish to use.

Agreement

I hereby authorize Hope Christian Community Foundation to withdraw funds from my bank account as I have instructed above. These withdrawals are donations to the donor advised fund listed above at Hope Christian Community Foundation. This agreement will remain in full force and effect until Hope Christian Community Foundation has received written notification from me of its termination.

Donor's Signature

Date

Please send this completed authorization form and voided check to Hope Christian Community Foundation, 5100 Poplar Avenue, Suite 2412, Memphis, TN 38137.