



Mail to:
Helping Hands in Africa
456 E. Ray Road
Suite 1
Gilbert, Arizona 85296

Monthly Donation Sign-up Form ('Auto Pay')

Donor Name _____

Mailing Address _____

E-Mail Address _____ (please provide if you have one)

Daytime Phone Number _____

Cell Phone Number _____ (optional)

Automatic Monthly Donation Program

Amount to be withdrawn Monthly is \$ _____

Date of month the withdrawal is requested _____ (20th for example)

Checking Account Information (attach **cancelled check** below)

Attach voided check here

Name of Your Financial Institution _____

Routing and Account Number _____

Signature _____ Date _____

By checking the Automatic Monthly Donation Program box above, and signing this form, I authorize Helping Hands In Africa to withdraw my monthly donation on or as close to the date, shown above, as can be achieved. I also authorize my financial institution to accept the fund transfer and charge my checking account to make the donation. I may rescind this authorization at any time by notifying Helping Hands In Africa in writing.