



**Give Hope 2 Kids  
Thanks You!!**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC  
WITHDRAWAL OF FUNDS**

**Give Hope 2 Kids**

**ES8153**

Donor # (leave blank if not applicable)		
Last Name	First Name	
Address		
City	State	Zip

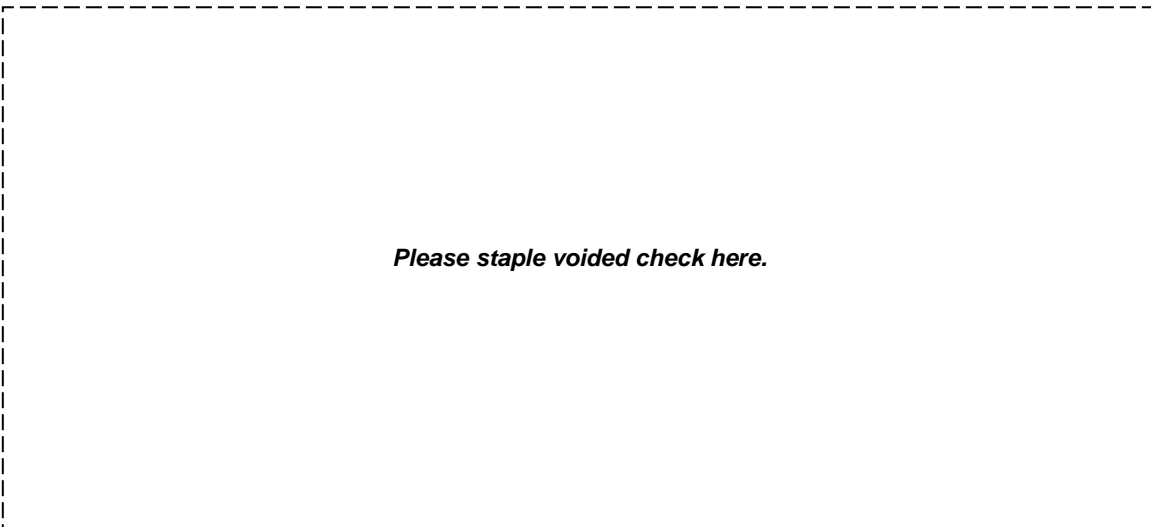
Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____ 
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<b>Date of first donation:</b> ____/____/____	<b>Frequency of donation:</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<b>Fund designations and amounts:</b> <input type="checkbox"/> <b>Give Hope 2 Kids</b> \$ _____ <b>General Fund</b> <input type="checkbox"/> <b>Child Sponsorship</b> \$ _____ add child's name in special instructions <input type="checkbox"/> <b>Volunteer Support</b> \$ _____ name volunteer's name in special instructions  <b>Total \$</b> _____
<b>Special Instructions:</b>  		

**AGREEMENT**

I authorize the above organization and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Instructions: Scan and email to [donate@givehope2kids.org](mailto:donate@givehope2kids.org)  
 Or, mail to our office address: P.O. Box 221, Waconia, MN 55387