



Creating a
childhood
for orphans in
rural Uganda

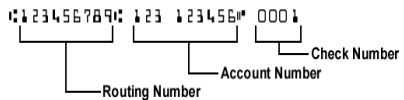
HOPE MULTIPURPOSE, INC.

AUTHORIZATION FORM

- for automated donations to Hope Multipurpose, Inc.

ES15723

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____		
Type of Authorization Form:		
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information	
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation	
<input type="checkbox"/> Change donation date		
Last Name		First Name
Address		
City		State Zip
Email Address		Phone number
DATE OF FIRST DONATION: 1 st day of _____, 20__	FREQUENCY OF DONATION: <input type="checkbox"/> Monthly (12 times per year) <input type="checkbox"/> Quarterly (4 times per year) <input type="checkbox"/> Annually (once each year)	AMOUNT OF EACH DONATION: \$ _____
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
	I authorize the above organization 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: _____	

(Questions? - call Jerry Roeller (651) 429-3798 or email info@hopemultipurpose.org)

Please complete and sign this form and mail it (with voided check if your donations will be from your checking account) to:

Hope Multipurpose, Inc.
2136 Carter Avenue
Saint Paul, MN 55108