

To set up a monthly donation to Hope Of The Poor from your checking account. (Print and mail this form)

I authorize Hope Of The Poor to initiate periodic deductions from my account shown below, for the amount and period specified.

Your Name \_\_\_\_\_

Phone: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Route Code # (must be 9 digits) \_\_\_\_\_

Bank Account #: \_\_\_\_\_

(check one) Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Please deduct \$ \_\_\_\_\_ once a month beginning on the \_\_\_\_\_ day of \_\_\_\_\_.

Your Signature: \_\_\_\_\_

Attach a voided check.

Mail to: Hope Of The Poor  
PO Box 6081  
Lincoln, NE 68506