



# Enrollment form for the Monthly Gift of Hope Club

Please print and complete this enrollment form.  
Then mail it to House of Hope, 2484 SE Bonita St., Stuart, FL 34997

I want to make a Monthly Gift of Hope in the following amount:

- \$25 each month       \$50 each month       \$75 each month       \$100 each month
- Other: \$ \_\_\_\_\_ each month

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

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

**Terms of Authorization Agreement for Direct Payments (ACH Debits):** I understand my future gifts will be drawn from my account monthly and transferred to House of Hope to support programs and services in Martin County. At any time, if I wish to increase, decrease or suspend my monthly gifts, I must make a written request to House of Hope, 2484 SE Bonita St., Stuart, FL 34994.

I (we) hereby authorize House of Hope to initiate debit entries from the bank account indicated below. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law. I (we) confirm that the source of the funds for payment of these debit entries will not originate from a Financial Agency's office located outside the territorial jurisdiction of the United States.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Routing No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

This authorization is to remain in full effect until House of Hope has received written notification from the donor of any termination. This should be done in a suitable manner to allow all parties involved the opportunity to process any changes within a reasonable amount of time.

Account holder signature \_\_\_\_\_ Date: \_\_\_\_\_

Account holder signature \_\_\_\_\_ Date: \_\_\_\_\_

## **PLEASE ATTACH A VOIDED CHECK**

A COPY OF THE OFFICIAL REGISTRATION #CH2044 AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE 1-800-435-7352 WITHIN THE STATE OF FLORIDA. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. HOUSE OF HOPE RETAINS 100% OF ALL CONTRIBUTIONS RECEIVED. FEDERAL ID #59-2422998.