

Yes! You can count on me.

NAME					
ADDRESS					
CITY		STATE	ZIP		
PHONE					
E-MAIL ADDRESS					
I will make my monthly gifts by (m	nark one of the b	ooxes below):			
☐ CREDIT CARD — I authorize Nautomatically each month, as indicated		_	my gift to my cr	edit card	
Monthly amount \$	□ Visa	☐ MasterCard	□ AmEX	□ Discover	
CREDIT CARD NUMBER		EXPIRATION DATE (MM/YYYY)			
NAME (AS IT APPEARS ON CARD)					
SIGNATURE	DATE				
☐ CHECKING ACCOUNT DEBIT checking account automatically each				my gift from my	
Monthly amount \$	(please include a voided check with this form)				
CHECKING ACCOUNT NUMBER					
SIGNATURE		DATE			

Questions? Call 888.305.4321, ext. 305 or e-mail us at GroupUP@mhfc.org.

Please complete this form and mail it to: Methodist Home for Children, GroupUP 1041 Washington St., Raleigh NC 27605-1259 **TERMS OF AGREEMENT:** This authorization to charge my bank account or credit card account is just like writing a check or making a charge on my credit card, except that it will be done automatically each month. I understand that each transaction will appear on my regular bank or credit card statement. I further understand that this agreement will remain in effect until I notify Methodist Home for Children that I wish to change or suspend it.