Catholic Charities
Providing help and creating hope in Maine

Hope Keepers
Monthly Giving Program Enrollment Form

☐ **YES! I want to participate in the *Hope Keepers* Monthly Giving Program.**

Name _____

Address _____

City _____ State _____ Zip_____

Phone _____ Email _____

I will make my monthly gift by (please check one):

☐ **CREDIT CARD**

By selecting this box, I authorize Catholic Charities Maine to charge my monthly gift to my credit card automatically each month as indicated in the terms outlined below.

Charge $_____ on the ☐ 1st or ☐ 15th beginning with the month of _____

Please charge my ☐ VISA ☐ Mastercard ☐ American Express ☐ Discover

Credit Card # _____-_____-_____-_____ Expiration Date ____ /_____ CVV _____

Name as it appears on card _____

Authorization Signature (required) _____ Date _____

☐ **ELECTRONIC FUND TRANSFER***

By selecting this box, I authorize Catholic Charities Maine to deduct my monthly gift from the designated checking or savings account automatically each month as indicated in the terms outlined below.

Charge $_____ on the ☐ 1st or ☐ 15th beginning with the month of _____

Bank or Credit Union Name _____

City _____ State _____ Zip _____

ABA Number**_____ Account Number _____

Authorization Signature (required) _____ Date _____

You must include a voided check to complete this process.
****Usually, the ABA (or Routing) number is the first nine digits on the bottom of your check.***

Please mail completed form to:
Catholic Charities Maine
Attention: Development Office
P.O. Box 10660 • Portland, Maine 04104

If you have any questions or concerns, please contact the Development Office at 207.904.1308, or email development@ccmaine.org