



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