WHY AUTOMATIC CONTINUOUS GIVING!
We know that you are busy and it is convenient:
- No more writing checks
- No more postage stamps
- No more trying to remember when you gave financial support last.

IT SAVES MONEY!
Your automatic continuous giving donation saves in processing costs compared to other forms of donations such as debit and credit cards.

IT’S EASY!
Once we receive your signed automatic continuous giving authorization form, which is enclosed, and a voided check, we’ll send you a confirmation letter of your gift. A record of each deduction will appear on your bank statement. You’ll also receive a monthly receipt as well as a year-end contribution statement for income tax purposes.

IT’S SAFE, SECURE AND CHANGEABLE!
- We value your partnership in impacting lives for eternity with the love of Jesus. We keep your confidential information protected.
- We do not deduct any amount other than what you have indicated.
- We value your privacy and never sell, rent, lease or exchange personal information – including names, addresses, and telephone numbers – with outside organizations.
- There is no minimum gift size, every gift helps move people from despair to hope.
- You can change the amount any time you wish, just call us or write to us with your change and allow 10 business days for us to process your request.

IT’S EASY TO SIGN UP!
Please complete the attached form then mail it along with a voided check to:
Heart for Lebanon
P.O. Box 1294
Black Mountain, NC 28711

If you have any questions, contact our office by email to admin@heartforlebanon.org or call us at 828-505-8432. Thank you for considering our automatic continuous giving program for your monthly investment.
STEP ONE: Personal Information
Please print clearly.

NAME: ___________________________________________ Last, First, Middle Initial

ADDRESS: ___________________________________________ Street

City  State  Zip Code

EMAIL: ___________________________________________ PHONE: ___________________________________________

STEP TWO: Gift Preferences

DONATION AMOUNT:  
☐ $10.00  ☐ $25.00  ☐ $50.00  ☐ $100.00  ☐ Other $ ____________________

STEP THREE: Financial Information

OPTION A: Checking or Savings Account

PLEASE DEBIT MY DONATION FROM MY (check one)

☐ Checking Account (attach voided check)  ☐ Savings Account (contact your financial institute for routing number)

FINANCIAL INSTITUTION: ___________________________________________ Bank Name

ROUTING NUMBER: ___________________________________________

Valid routing numbers must start with 0, 1, 2, or 3)

ACCOUNT NUMBER: ___________________________________________

I WOULD LIKE MY DONATION TO BE MADE (check one):

Monthly on the  ☐ 5th  ☐ 10th  ☐ 15th  ☐ 25th

OPTION B: Credit Card

Ongoing credit card gifts are withdrawn every month on the 5th and 20th.

☐ 5th  ☐ 20th

PLEASE DEBIT MY DONATION FROM MY (check one):

☐ MASTERCARD  ☐ VISA  ☐ DISCOVER

ACCOUNT NUMBER: ___________________________________________

EXPIRATION DATE: ____________ / ____________

AUTHORIZATION FOR DIRECT PAYMENT: I authorize the Heart for Lebanon and the financial institution named above to initiate entries to my account. This authority will remain in effect until I notify you in writing or by phone to cancel at least 10 business days prior to scheduled transfer

Signature: ___________________________ Date: ___________________________