

AUTOMATIC BANK DRAFT

Now your gifts can be put to use sooner! This new donor service saves you time and provides us with the regular and predictable support we need each month. What's more, your automatic giving greatly reduces administrative costs, enabling us to pass the savings on to the children through expansion of our existing programs. Of course, we appreciate your support, however you choose to give.

To enroll, please return the form below to Childrens Village and Family Services Agency, P.O. Box 6564, Tyler, TX 75711-6564. Or fax to 903-592-7506 or scan to the email address: kathy.s@childrensvillageoftexas.org. For more information, call our office at 903-592-3421

Share Your Love Automatic Monthly Gift Plan

Date: _____

PLAN A:

Yes, I want to give \$_____ each month to help the children.

I (we) hereby authorize Children's Village to initiate a charge to my (our) checking/savings account at the Financial Institution indicated below and if necessary initiate adjustments for any transactions debited in error. This authority will remain in effect until Children's Village is notified by me (us) in writing to cancel it in such time as to afford Children's Village and the Financial Institution a reasonable opportunity to act on it. *If mailing, please enclose a copy of your canceled check to begin giving through automatic transfer or fill in the information below and scan to email or fax.*

Name of Financial Institution Location (City, State)

Financial Institution's Routing Transit Number: _____

Checking Account # _____ Or Savings Account # _____

Donor Name (Please Print)

Please make my automatic bank transaction on the 5th of each month or 20th of each month

PLAN B:

I prefer to pay by credit card each month. Mastercard Visa

I authorize Children's Village to charge the following credit card in the amount of \$_____ each month.

Card Number: _____ Exp. Date; _____

Cardholder name: _____ 3 Digit Code on back: _____

Name : _____ Address: _____

City: _____ State: _____ Zip: _____

Signature (Required) : _____ Date: _____

Credit Card charges will be made during the first week of each month.

To change or stop my support, I will write to Children's Village, P.O. Box 6564, Tyler, TX 75711-6564