



WINGS OF HOPE STILLWATER
DOMESTIC VIOLENCE
SERVICES

SAFETY. HOPE. EMPOWERMENT.
BREAKING THE CYCLE OF VIOLENCE.

WINGS OF HOPE CAPITAL CAMPAIGN AUTOMATIC DONATION ENROLLMENT FORM

Thank you for your donation to the Wings of Hope Capital Campaign. Your gift today helps save the lives of countless victims with no where else to turn. Please print and complete the following form and then return it along with a voided check to:

Stillwater Domestic Violence Center, 115 E. 4th Ave, Stillwater, OK 74074.

This is your authorization to charge my checking/savings account number _____ (Acct #),
with _____, ABA _____.
(Name of Institution) (Routing Number)

On the 5th or 20th (please circle day) of:

- every month beginning with the month of _____, 20__
- every quarter beginning: January 20__ April 20__ July 20__ September 20__
- semi-annually beginning: January 20__ July 20__
- annually beginning __/__/__

in the sum of \$ _____ which will be deposited with Stillwater Domestic Violence Services, Inc. on the same dates stated above.

NAME: _____ ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

PLEASE ATTACH A VOIDED CHECK OR A COPY OF A VOIDED CHECK FROM YOUR FINANCIAL INSTITUTION WHERE THE FUNDS WILL BE DRAWN. (not a deposit slip)

This authority is to remain in full force and effect until Stillwater Domestic Violence Services, Inc. has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it or when Stillwater Domestic Violence Services, Inc. determines it necessary to discontinue the automatic payment program or until my pledge of \$ _____ is fulfilled.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

SIGNATURE _____ DATE _____