

Thank you for choosing to become a Habitat for Humanity Susquehanna HopeBuilder.

To enroll in the monthly giving program, please complete this form and mail it along with your donation to: Habitat for Humanity Susquehanna, 205 S. Hays St., Bel Air, MD 21014. Be sure to enclose your check, credit card or bank information.

Yes! I want to participate in the HopeBuilders monthly giving program!

| Name:  |                                  |
|--|----------------------------------|
| Address:   |                                  |
|  |                                  |
| City: Zip:   |                                  |
| Daytime Phone:   |                                  |
| E-mail Address:  |                                  |
| I will make my monthly gifts by (select below):  |                                  |
| MY FIRST MONTHLY GIFT IS ATTACHED.<br>_ CREDIT CARD  |                                  |
| By selecting this box, I authorize Paterson Habitat for Humanity to cl<br>pledge to my credit card automatically each month as indicated in th<br>Monthly pledge amount (minimum \$10 per month): \$ | e terms outlined below.          |
| Visa MasterCard American Express Discover<br>Credit Card Number:   |                                  |
| Expiration Date (MM/YYYY):   |                                  |
| Name (as it appears on card):  |                                  |
| Signature – Required:  | Date:                            |
| _ I would like to receive my HopeBuilders statement by e-mail.   |                                  |
| _ CHECKING ACCOUNT DEBIT   |                                  |
| By selecting this box, I authorize Paterson Habitat for Humanity to d  |                                  |
| my checking account automatically each month as indicated in the te  | erms outlined below.             |
| PLEASE ENCLOSE A VOIDED CHECK.   |                                  |
| Monthly pledge amount (minimum \$10 per month): \$<br>Checking Account Number:   |                                  |
| 5  |                                  |
| Signature – Required:  | Date:                            |
| _ I would like to receive my HopeBuilders statement by e-mail.   |                                  |
| Credit Card and Check Account Debit Terms of Agreement:  |                                  |
| This authorization to charge my bank account or credit card account  |                                  |
| to Habitat for Humanity Susquehanna or making a charge on my cre   | dit card, except that it will be |
| done directly.   |                                  |
| I understand that each transaction will appear on my regular bank or   |                                  |
| I further understand that this agreement will remain in effect until I no  |                                  |
| Susquehanna Donor Relations Manager that I wish to change or sus   | spend it and Habitat has a       |
| reasonable amount of time to fulfill my request.   | totouog org                      |
| Questions? Call us(410)638-4434 x 7 or e-mail us at pmosca@habi<br>Or mail to: Habitat for Humanity Susquehanna, 205 S. Hays St., Bel  |                                  |

Your donation will go where it is needed most, unless you specify above a particular location.