

# Recurring Donation Form



Designate my gift towards:

- Where most needed
- Lutheran Memorial Camp at HopeWood Pines
- Camp Luther at HopeWood Shored
- HopeWood Connects/LOMO Outreach
- Pool Campaign at HopeWood Pines

Effective date of authorization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of authorization:  New authorization  Change payment amount  
 Change banking information  Discontinue electronic payments

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Email address: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Donation Details:

Weekly  Bi-Weekly  Monthly

Date of first donation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Amount of recurring donation: \$ \_\_\_\_\_

## Checking or Savings Account Information

Please debit payment from my (check one):

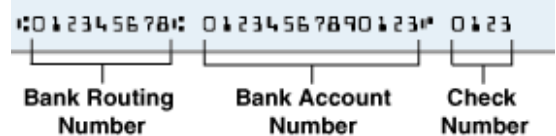
- Checking account
- Savings account

**Note: Contact your financial institution to confirm routing number and account number.**

Routing Number: \_\_\_\_\_

**Valid Routing # must start with 0, 1, 2, or 3**

Account Number: \_\_\_\_\_



I authorize HopeWood Outdoors to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to:  
 HopeWood Outdoors/LOMO  
 2790 State Route 61  
 Marengo, OH 43334  
 614.890.2267 or info@hopewoodoutdoors.org

