Recurring Donation Form

Designate my gift towards:



Норо	eWood Outdoors	 □ Where most needed □ Lutheran Memorial Car □ Camp Luther at HopeW □ HopeWood Connects/L □ Swimming pool Campa 	vood Shores LOMO Outreach	
Effective date of authorizatio Type of authorization:	n:/ New authorization Change banking informa	☐ Change paymer tion ☐ Discontinue ele		
First Name:	Last Name:		Birth Date:	
Email address:				
First Name:	Last Name:		Birth Date:	
City:	State:	Zip: Pho	ne:	
□ Weekly Date of first donation:/				
Please debit payment from my (check one): Checking account Savings account Note: Contact your financial institution to confirm routing number and account number.		Account Number: er. ::012345678::01	Bank Routing Bank Account Check	
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** 2790 State Route 61 Marengo, OH 43334 614.890.2267 or info@hopewoodoutdoors.org

