

My/Our Commitment to the H.O.P.E. Center

Aware of how fortunate we are, we make this financial commitment to the H.O.P.E. Center. Over the next twelve months, I/we will contribute:

- | | |
|--|--|
| <input type="checkbox"/> \$60.00 at \$5.00 per month | <input type="checkbox"/> \$120.00 at \$10.00 per month |
| <input type="checkbox"/> \$240.00 at \$20.00 per month | <input type="checkbox"/> \$600.00 at \$50.00 per month |
| <input type="checkbox"/> \$_____ at \$_____ per month | <input type="checkbox"/> an annual gift of \$_____ |

At the conclusion of this twelve-month commitment,

- we will continue our commitment until we notify H.O.P.E. Center of a change.
 please contact us so we can consider changes in our commitment.

(Signature)

(Date)

(Print Name)

(Street Address or PO Box, City, State and Zip Code)

(Should changing circumstances not allow you to fulfill this commitment, please contact the H.O.P.E. Center)

Automatic Bank Withdrawal Authorization

I authorize the H.O.P.E. Center of Abilene to charge my checking/savings account via electronic bank transfer in the amount of \$_____ each month (minimum of \$5.00). This will begin on the 5th of the first month after I return this form to the H.O.P.E. Center.

(Print name)

(Telephone number)

(Street Address or PO Box)

(City/State/Zip)

(Financial Institution Name)

(City/State/Zip)

(Bank Routing Number)

(Savings or Checking)

(Account Number)

This authority is to remain in effect until the H.O.P.E. Center receives written notification from me of its termination.

(Signature)

(Date)

Please attach a voided check with this authorization.