**Making a Monthly Giving Commitment**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address City, State, ZIP Code  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Preferred Phone Number

Each month, I would like to give For the following fund

http://www.ihmsisters.org/www/media/ways_to_support_us_autogen/Box.jpg$100 http://www.ihmsisters.org/www/media/ways_to_support_us_autogen/Box.jpgRetirement

http://www.ihmsisters.org/www/media/ways_to_support_us_autogen/Box.jpg$75 http://www.ihmsisters.org/www/media/ways_to_support_us_autogen/Box.jpgMinistry

http://www.ihmsisters.org/www/media/ways_to_support_us_autogen/Box.jpg$50 http://www.ihmsisters.org/www/media/ways_to_support_us_autogen/Box.jpgMissions (Domestic/Overseas)

http://www.ihmsisters.org/www/media/ways_to_support_us_autogen/Box.jpg$25 http://www.ihmsisters.org/www/media/ways_to_support_us_autogen/Box.jpgArea of Greatest Need

$10



$\_\_\_\_\_



Please acknowledge my donation

http://www.ihmsisters.org/www/media/ways_to_support_us_autogen/Box.jpgMonthly http://www.ihmsisters.org/www/media/ways_to_support_us_autogen/Box.jpgAnnually

This authorization will remain in effect until I notify the IHM Sisters’ Development Office in writing that I wish to make a change.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature Date

Charge my http://www.ihmsisters.org/www/media/ways_to_support_us_autogen/Box.jpg Visa http://www.ihmsisters.org/www/media/ways_to_support_us_autogen/Box.jpg MasterCard

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Credit Card Number Expiration Date  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature

**OR**

Bank transfer from my http://www.ihmsisters.org/www/media/ways_to_support_us_autogen/Box.jpg Checking http://www.ihmsisters.org/www/media/ways_to_support_us_autogen/Box.jpgSavings **Please provide a voided check**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name of Bank   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Bank Account Number Routing Number

**Print this page and return to  
IHM Development Office, 610 West Elm Avenue, Monroe, MI 48162**