

# METHODIST CHILDREN'S HOME

YOUR INFORMATION	
First & Last Name(s)	
Company or Organization	
Title	
Address	
City, state, zip	
Email address	
Telephone	
CHOOSE YOUR GIFT	
<input type="checkbox"/> <b>One-time gift:</b> \$_____	
<input type="checkbox"/> <b>Installments over the next 12 months of</b> \$_____ <b>per month / per quarter</b> (please circle)	
CHOOSE YOUR PAYMENT METHOD	
<input type="checkbox"/> <b>Credit Card:</b> Please charge \$_____ to my Visa Mastercard Discover AMEX Card number _____ Exp. Date ____/____ CVV: _____ Authorized signature _____	
<input type="checkbox"/> <b>Direct Deposit:</b> Please fill out attached form and return with a voided check	
<input type="checkbox"/> <b>Check:</b> <b>For a tax-deductible donation,</b> please make checks payable to Methodist Children's Home.	
RECOGNITION PREFERENCE	
<input type="checkbox"/> I/We would like to be recognized as a campaign donor. Please use the following name(s) in all acknowledgements _____	
<input type="checkbox"/> I/We would like this gift to be anonymous.	
PLEDGE AGREEMENT AND SIGNATURE	
By this pledge agreement, I/we agree to make a binding commitment to give the amounts(s) specified above to MCH. My/our signature verifies my/our intent to pledge and authorize the MCH to execute any payment instructions that I/we have provided above.	
Signature	
Date	

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Business name (if applicable) \_\_\_\_\_

I (we) hereby authorize MCB to initiate debit entries to my (our)  Checking Account/  
 Savings Account indicated below at the depository financial institution named below, and to debit  
the same to such account, and if necessary, credit entries and adjustments for any debit entries in  
error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply  
with the provisions of U.S. law.

Bank Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_  
(Please print)

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