

# Faithful Friends

## Monthly Giving Program



### Signing up is easy...

Complete this form and mail it to the address below.

1. My Monthly Gift Amount is: \$ \_\_\_\_\_.

2. Choose a Payment Type:

Bank Account:

*Transfer my Monthly Gift Amount from my bank account each month.  
(I have enclosed a voided check.)*

Credit Card:

*Charge my Monthly Gift Amount to my credit card each month.*

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ CSV Code: \_\_\_\_\_

Please make my automatic contribution on the: *(Select one)*

1st of the month    OR     15th of the month

3. Authorization:

*As noted above, I authorize my Monthly Gift Amount to be debited from my bank account or charged to my credit card each month to assist SOAR!. I will notify SOAR! should I wish to stop my automatic donations. A record of my monthly donations will be recorded on my regular bank or credit card statement and will serve as my receipt.*

Required Signature: \_\_\_\_\_

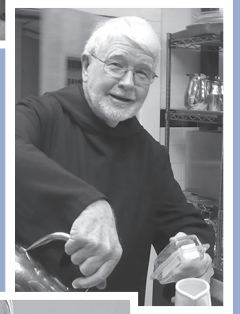
4. Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_



  
Support Our Aging Religious

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*SOAR! is listed in the  
Official Catholic Directory.*

*Thank you for being a Faithful Friend!*