



# AUTHORIZATION FORM

# Sustaining Supporter

For automated donations to Hope Multipurpose, Inc., Blue House Uganda

|                     |                  |      |
|---------------------|------------------|------|
| FOR OFFICE USE ONLY | ENVELOPE/DONOR # | DATE |
|---------------------|------------------|------|

|   |   |  |
|---|---|--|
| Effective date of authorization: _____  |   |  |
| Type of Authorization Form:   |   |  |
| <input type="checkbox"/> New Authorization  | <input type="checkbox"/> Change banking information   |  |
| <input type="checkbox"/> Change donation amount   | <input type="checkbox"/> Discontinue electronic donation                                    |  |
| <input type="checkbox"/> Change donation date   |   |  |
| Last Name   |   | First Name   |
| Address   |   |  |
| City  |   | State      Zip                                       |
| Email Address   |   | Phone number   |
| <b>DATE OF FIRST DONATION:</b>  | <b>FREQUENCY OF DONATION:</b>   | <b>AMOUNT OF EACH DONATION:</b>                      |
| 1 <sup>st</sup> day of _____, 20____  | <input type="checkbox"/> Monthly (12 times per year)  | \$ _____   |
| -OR-  | <input type="checkbox"/> Quarterly (4 times per year)                                       |  |
| 15 <sup>th</sup> day of _____, 20____   | <input type="checkbox"/> Annually (once each year)  |  |
| <b>CHECKING / SAVINGS</b>   | Please debit my donation from my (check one):   |  |
|   | <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) |  |
|   | <input type="checkbox"/> Checking Account (staple a voided check below)                     |  |
| Routing Number: _____   |   | <b>Valid Routing # must start with 0, 1, 2, or 3</b> |
| Account Number: _____   |   | Account Number                                       |
|   |   | Check Number   |
| I authorize the above organization 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: _____  |

Questions? Call 612-470-8316 or email [info@Blue-House.org](mailto:info@Blue-House.org)

Please complete and sign this form and mail it (with voided check if your donations will be from your checking account) to:

**BLUE HOUSE UGANDA - HMI**  
 c/o St. Matthew's  
 2136 Carter Avenue  
 Saint Paul, MN 55108