



Automatic Donation Program

Electronic Withdrawal From Your Checking Account

I'd like to reduce postage and processing costs by enrolling in the Automatic Donation Program using my **CHECKING ACCOUNT**.

Please automatically withdraw \$_____ every month, on the [] 5th or [] 20th from my account.

Email _____

Name on account _____

Address _____

City/State/Zip _____

Phone (_____) _____ Alternative Phone (_____) _____

Mobile Phone (_____) _____

Signature (Required) _____

Tape your check here

PLEASE ATTACH A VOIDED CHECK WITH THIS COMPLETED FORM. This authorization will be the same as if I had personally signed a check each month for Promise Keepers and will remain in effect until I notify Promise Keepers in writing that I wish to discontinue contributions.

Please mail this completed form with a voided check to:

**Promise Keepers
PO Box 11798
Denver, CO 80211-0798
If you have any questions call 1-866-776-6473
OR
Sent this form via fax to 303-433-1036**