

**Monthly Giving Program Enrollment Form**

**Yes! I want to participate in the Heroes of Hope Monthly Giving Program.**

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

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**I will make my montlhy gifts by (please check one):**

**CREDIT CARD**

By selecting this box, I authorize Catholic Charities of the Archdiocese of Galveston-Houston to charge my monthly gift to my credit card automatically each month as indicated in the terms outlined below.

Charge \$ \_\_\_\_\_ on the  1st or  15th beginning with the month of: \_\_\_\_\_

Please charge my:  VISA  MasterCard  American Express  Discover

Credit Card #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Authorization signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**ELECTRONIC FUND TRANSFER\***

By selecting this box, I authorize Catholic Charities of the Archdiocese of Galveston-Houston to deduct my monthly gift from the designated checking or savings account automatically each month as indicated in the terms outlined below.

Charge \$ \_\_\_\_\_ on the  1st or  15th beginning with the month of: \_\_\_\_\_

Bank or Credit Union Name: \_\_\_\_\_

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

ABA Number\*\*: \_\_\_\_\_ Account Number: \_\_\_\_\_

Authorization signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

\* You must include a voided check to complete the process.

\*\* Usually the ABA number is the first nine digits on the bottom of your check.

**Mail completed form to:** Catholic Charities, ATTN: Development, 2900 Louisiana Street, Houston, TX 77006

If you have any questions or concerns, please contact Brian Gillen at 713-874-6624 or BGillen@CatholicCharities.org.