



FRANK H. HERMSEN, EXECUTIVE DIRECTOR  
JODIE JANSEN, DIRECTOR OF DEVELOPMENT

1211 E. 18<sup>th</sup> St. P.O. Box 887 Carroll, Iowa 51401-0887 (712) 792-5500

**New Hope Village Foundation**  
**Monthly AUTOGIVE Electronic Funds Transfer Donation Form**

*Your donation will be deducted on the fifth day of each month.*

Today's Date: \_\_\_\_\_

Amount of my monthly AUTOGIVE withdrawal donation \$ \_\_\_\_\_

Choose a Fund:

*Annual/General*

*Building & Equipment*

*Client Special Needs*

*Endowment*

*Endowment/Restricted*

*Staff Development*

This notice must be received before the last working day of the month.  
Notices of change after the last working day of the month  
will be changed the following month.

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

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

City, State, Zip: \_\_\_\_\_

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

Bank Name/Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

*\*Notice must be received in writing when you wish to discontinue monthly automatic donations.*

***Please complete this form, attach a VOIDED deposit slip and return to:***

<b>New Hope Village Foundation</b> <b>PO Box 887</b> <b>Carroll, IA 51401-0887</b>
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