

# ASIA'S HOPE *Automatic Contribution Authorization Form*

Please complete and return by mail to: PMB 185, 343 West Milltown Road, Wooster, Ohio 44691

## Personal information

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

## Contribution information

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Hope Fund (Where most needed)       Orphan sponsorship

Education sponsorship       Director's support

Amount \$ \_\_\_\_\_ Start Date \_\_\_\_\_

One time contribution       Monthly       Yearly

## Payment Authorization

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Checking Account       Savings Account

Personal Account       Business Account

Bank Account Number \_\_\_\_\_ (please attach voided check)

Bank Routing Number \_\_\_\_\_

*I authorize the above bank account to be charged for the fees listed above:*

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

Signature \_\_\_\_\_ Date \_\_\_\_\_