



Thank you for your support

Electronic Funds Transfer Form

We now have an option to make your life easier. Make a monthly donation through direct deposit from your bank account.

Please print out and fill in this form and return it to HDC with a voided check.

Name _____ Phone _____

Address _____

City/State/Zip _____

email(Save Time, Trees & Money) _____

I wish to:

Donate Monthly in the amount of: \$10 _____ \$15 _____ \$25 _____ Other _____

I give Human Dignity Coalition permission to electronically transfer funds of the above amount each month.

Print name _____ Signature _____

Please Send this form and a voided check to:

Human Dignity Coalition

P.O. Box 6084
Bend, OR 97708

Thank you for your support and remember, it's tax deductible.