



CHECK / RECURRING MONTHLY DONATION FORM
(please print clearly)

- _____ Please find my check, payable to She Is Safe, enclosed
_____ Please sign me up for automatic monthly giving (complete details below)

I (we) hereby authorize She Is Safe, Inc. to initiate debit entries to my (our) account and financial institutions listed below:

Name: _____

Billing Address: _____

Financial Institution Name _____

Routing Number _____

Account Number _____

Monthly recurring gift amount: _____ Date to Process: 1st _____ 15th _____

I (we) understand that should the regular scheduled debit date fall on a weekend or Federal holiday, the debit shall occur the following banking date.

This authority shall remain in effect until She Is Safe, Inc. has received written notification from me (us) of its termination in such a time and in such a manner as to afford She Is Safe, Inc. a reasonable opportunity to act on it.

Donation Preference:

She Is Safe Where Needed: _____

Project: _____
(Project name)

Personnel Ministry: _____
(Staff name)

Phone Number: _____

Email (for newsletter mailings) : _____

Signature: _____ **Date:** _____

515 East Crossville Road, Suite 310 • Roswell, GA 30075
(770) 552-1400 • Toll Free: (877) 553-1402 • info@sheissafe.org

CONFIDENTIAL