Orphan Resources International

Giving Form

1 **Choose Your Gift Amount:**

☐ $50 ☐ $100 ☐ $250 ☐ $500 ☐ Other $_____

2 **How Often?**

☐ Monthly ☐ Quarterly

3 **Choose where you would like to direct your gift:**

☐ General Fund ☐ Steps Of Hope ☐ Other_____

☐ Missionary Support For: _____

4 **Your Information:**

_____

Name

_____

Address City State Zip

_____

Phone Email

5 **Your Payment Information:**

_____

Bank Name Bank Address

_____ _____

Bank Routing # Account #

ACH / AUTOMATED DONATION DEBIT AUTHORIZATION

Please transfer my monthly gifts from my bank account. I understand that my monthly gifts will be transferred directly from my banking account on the 15th of each month, and will appear on my bank statement. If at anytime I wish to increase, decrease or suspend my giving, I can notify Orphan Resources International of my desires with a written request.

X_____

Signature Date

Please mail your completed form to:

Orphan Resources International
152 Horse Happy Road
Newmanstown, PA 17073

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