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New Hope 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	Frank H. Hermsen Staff Development	Client Special Needs
Endowment/Restricted	Building & Equipment	Client Support Staff

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: _____

Please include a voided deposit slip.