

To enroll in the Homebuilder's Monthly Giving Program, please complete this form and mail to: Habitat for Humanity of Douglas County, 1211 N Nokomis NE, Alexandria, MN 56308.

Name:				-	
Address:					
City:	S	tate:	_ Zip Code:		
Phone Number:	Phone Number: Cell:				
Email Address:				-	
I will make my monthly gifts by:					
☐ Checking Account Debit					
By selecting this box, I authorize Ha pledge from my checking account a					
PLEASE INCLUDE A VOIDED CH	ECK.				
Monthly pledge amount (minimum c	of \$10/month):				
Account Number:	nt Number:Routing Number:				
Signature (required):	(required): Date:				
☐ Credit Card					
By selecting this box, I authorize Ha pledge to my credit card automatica					
Monthly pledge amount (minimum c	f \$10/month):				
Please charge my Credit Card:	□ Visa	☐ MasterCar	d 🗆 Discover	□American Express	
Card Number:	Expiration Date:				
CSV#:	_				
Signature (required):			Date:		

Checking Account Debit / Credit Card Terms of Agreement:

I authorize HFHDC to make the automatic monthly deduction/charge specified above. This authorization will remain in effect until I notify HFHDC that I wish to change or cancel my contribution, which I can do at any time. I will receive a yearend statement for tax purposes. Questions? Please call (320) 762-4255 or email nicole@hfhdouglascounty.org