



CHW Foundation
East Valley

Friends of Mercy
Donation Form

Name: _____

Address: _____

City, State, Zip: _____

Phone No: _____ E-mail: _____

Amount: \$ _____

Please complete the corresponding section for your preferred method of payment.

Check Number (Enclosed) _____ Credit Card Type: Visa MC Discover Am Exp

Number: _____ Expiration Date: _____ Security Code: _____

Authorized Signature: _____ Date: _____

Bill Pay Information

CHW Foundation – East Valley
 1727 West Frye Road, Suite 230
 Chandler, AZ 85224
 480.728.3931
 Account: Friends of Mercy

Donate Online

www.SupportMercyGilbert.org

Automatic Bank Account Withdrawal (ETF)

Frequency: (Check and Complete One) Amount: \$ _____ First transaction date: _____

Once a Month on _____ (Day 1 – 28)

Quarterly EOM (Mar, June, Sept, Dec)

Semi-Annual (Designate 2 months) Month 1 EOM: _____ Month 2 EOM: _____

Annually on (Designate Month/Day) _____

Account Information

ABA Routing Number (Transit Routing Number): _____

Account Name: _____ Account Number: _____

Amount Each Transfer: _____

Donor Authorization

I authorize and direct the CHW Foundation – East Valley's Bank , M & I Bank, to debit my account for the above gift and with the frequency and beginning first transaction date, as specified above. This authorization is subject to the Bank's rules and regulations governing accounts. This authorization shall remain in full force and effect until the Foundation has received written notification of its termination with sufficient time to allow the Foundation a reasonable opportunity to act on it. I acknowledge receipt of a copy of this authorization.

Signature

Date

Print Name

Thank you for your gift to the CHW Foundation – East Valley.

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