

ANCHORS OF HOPE | Monthly Giving Registration Form

Choose your Monthly Gift amount:

CHANGE YOUR REGISTRATION ANY TIME!

- \$10 Monthly \$20 Monthly \$30 Monthly
 \$40 Monthly \$50 Monthly \$ _____ Other Monthly Amount

Choose your earliest Monthly Gift start date: *(Monthly gifts will be processed on or near the same date each month)*

____ / ____ / _____ *(format MM / DD / YYYY)*

Choose how long you wish to participate in Monthly Giving:

- Please process my monthly gifts until I cancel.
 Please only process _____ monthly gifts. *(### of months)*

Contact:

Mark Heinbockel, MSW
412-366-1300 ext. 103
mark@anchorpointcounselingministry.org

Return form to:

Anchorpoint Counseling Ministry
800 McKnight Park Dr, Ste 802
Pittsburgh, PA 15237

Donor Information:

Name: _____ Phone: _____

Email *(to be associated with your account)*: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Choose Your Payment Method:

- ACH / Bank Account

Account Type: Checking Account Savings Account

Routing Number: _____

Account Number: _____

- Credit / Debit Card

Card Type: Visa Mastercard Discover American Express

Card Number: _____

Name on Card: _____

Card Expiration: _____ / _____ *(format MM / YYYY)*

Card Security Code: _____

Signature: _____ **Date:** _____