Hope for New York

RECURRING VIRTUAL CHECK DONATIONS AGREEMENT

_____ does hereby authorize Hope for New York to initiate debits (as tax-deductible donations) to my bank account indicated below and the bank named below, to debit the same to such account.

YOUR INFORMATION:	Name:		Phone: ( )	
	Address:	City:	State:	Zip:
	Email Address:			

BANK INFORMATION:

Type of Account: Checking ☐ Savings ☐ Other: _____

***Please attach a voided check from your account (if applicable)**	Bank Name:		Phone: ( )	
	Bank Address:	City:	State:	Zip:
	Transit Number: (Nine Digit Number)	Bank Account (DDA) Number:		

THE PAYMENT SCHEDULE IS AS FOLLOWS AND WILL BEGIN ON _____.

I agree to donate $_____ on the ____ *(day)* of each month for _____ *(number of)* months to Hope for New York. I understand that I am in full control of my payment, and I will notify Hope for New York if, at any time, I decide to cease making donations in this way.

_____ _____

DONOR SIGNATURE DATE

You can return the form any of the three following ways:

1) **Email**: Lisa Taylor at donate@hfny.org

2) **Postal Mail**: Hope for New York, 1359 Broadway, Suite 410
New York, NY 10018

3) **Fax**: 212-689-6478

Questions? Email donate@hfny.org or call 212.871.1808 x1446

Please allow 7-10 days for processing. Thank you!

Hope for New York is an independent 501(c)(3) non-profit charitable organization, and your gifts are tax deductible to the full extent of the law.

For more information on donations options, please visit www.hfny.org/donate