



Children's Home Society  
OF NORTH CAROLINA

## Recurring Gift Authorization Form

Donor Information			
Name			
Mailing Address	City	State	Zip
Email Address		( ) -	Telephone Number
Gift Information			
I would like to contribute _____ each month to Children's Home Society.			
Amount			
Please draft this contribution from the bank account below on or about the			
<input type="checkbox"/> first day of each calendar month		<input type="checkbox"/> the fifteenth (15th) day of each calendar month	
Please continue to draft this contribution each month			
<input type="checkbox"/> until I notify you to stop		<input type="checkbox"/> after _____ months	<input type="checkbox"/> through _____ Date
Number of months			
I am making this gift <input type="checkbox"/> in honor of <input type="checkbox"/> in memory of			
Name			
Please notify the following of this contribution:			
Name			
Mailing Address	City	State	Zip
Payment Authorization			
I hereby authorize Children's Home Society of North Carolina, Inc. ("CHS") to initiate debit entries to the			
<input type="checkbox"/> Checking Account		or	<input type="checkbox"/> Savings Account
below for this gift. I understand necessary corrections may result in adjustments (debits or credits) to this account. I authorize the Bank named below to debit and/or credit these entries to this account.			
Bank Name			
Bank City		State	
Transit/ABA/Routing Number		Account Number	
This authority is to remain in effect until I cancel it by notifying CHS in writing. I understand that it will take at least ten (10) business days after its receipt by CHS to implement this authorization or any changes to this authorization or the cancellation of this authorization.			
Signature		Date	
<b>Please attach a voided check for checking account or deposit slip for savings account</b>			

Return to: **Children's Home Society of North Carolina, Inc.**  
PO Box 14608 Greensboro, NC 27415-4608  
Voice: (336) 274-1538 Fax: (336) 274-7347