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**Emmanuel’s Wish Foundation**

**Monthly Donor Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXP:\_\_\_\_\_\_

**OR**

Bank Name & Number:\_\_\_\_\_\_\_\_\_\_\_\_\_Transit #: \_Account #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach Cheque here:

Amount of Monthly Gift:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allocation:

**Barrett Family**

Would you like your gift to be withdrawn on the 1st of the month, or the 15th? (please circle one)

Authorization:

I hereby authorize Emmanuel’s Wish Foundation and the financial institution above to automatically withdraw my monthly gift from the specified account above. This authority will remain in effect until I give written notice to cancel it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date