VILLAGE of HOPE
LAZARUS PROJECT
villageofhopehaiti.org

Automatic Donation/Deduction Authorization

METHOD A : CREDIT CARD (VOHLP via Pay Pal)

(As It Appears On Your Credit Card)
First Name: Middle Name: Last Name:

_____ _____

Address: _____

Phone Number: _____Email: _____

Credit Card Number: _____Card Security Code: _____

Expiration Date: _____/_____
mm yyyy

☐ MASTER CARD ☐ VISA ☐ DISCOVER ☐ AMERICAN EXPRESS

☐ I authorize VOH LP via Pay Pal to charge my credit card $_____ for **revolving** timeframe:

_____ Monthly $40 On: 6th _____ 15th _____ 24th _____
_____ Quarterly $120
_____ Yearly $480

_____
Signature of Card Holder Date

OR

METHOD B : BANK ACCOUNT DONATION WITH VOIDED CHECK (ACH)

(As It Appears On Your Bank Account)
First Name: Middle Name: Last Name:

_____

Address: _____

Phone Number: _____ Email;_____

Bank Account # : _____ Swift Code #:_____

PLEASE ATTACH VOIDED CHECK TO THE APPLICATION. DO NOT SEND A DEPOSIT SLIP

☐ I authorize: VOH LP to deduct from my bank account $_____ for **revolving** timeframe:

_____ Monthly $40 This will be processed approximately the 20th of the month
_____ Quarterly $120
_____ Yearly $480

_____
Signature of Sponsor Date

MAIL TO:
Village of Hope Lazarus Project, Attn. Darrell Pfeffer, 300 E. Yamato Rd., Boca Raton, FL 33431
Or
E-MAIL (Method A ONLY) Scanned copy with signature to: **d_pfeffer@bellsouth.net**

(Please make a copy of this application for your records) **Office Use Only: Donor Number**_____