



Sisters of the Presentation
of the Blessed Virgin Mary
In Joyful Service

Electronic Funds/Credit Card Transfer Authorization

Your gift through Electronic Funds Transfer (EFT) is a convenient, easy way to support the Presentation Sisters. When you enroll, your gift will be automatically transferred from your checking/savings account or your credit card. All gifts are processed on or around the first of each month and will appear on your checking/savings account or credit card statement. You may change or cancel your gift at any time by notifying the Presentation Sisters Development Office in writing. Thank you for your ongoing support of the Presentation Sisters.

DONOR INFORMATION

Last Name _____ First Name _____ M.I. _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ E-mail _____

GIFT INFORMATION

Monthly Gift Amount: _____ (minimum gift is \$10 monthly)

I would like my gift to begin on: (month/year) _____

Please use my gift for:	African Mission
Cojourners	Collaborative Ministry (New Orleans)
Hispanic Girls Camp	Caminando Juntos
Leadership Camp	Needy Adults
Needy Children	Sister Missionaries
Sisters Retirement	Vocation Ministry
Sisters Most Needed	Aids Ministry (Berakhah House)

PAYMENT OPTIONS

_____ **Monthly transfer from checking/savings account (please attach voided check)**

Financial Institution _____ City _____ State _____
 Bank Routing Number _____
 Account Number _____ Checking Account _____ Savings Account _____

_____ **Monthly credit/debit card charge**

VISA Mastercard Discover

Credit Card # _____ Expiration Date: _____ / _____ / _____

Name as it appears on the card: _____

Statement of Authorization

I authorize the Sisters of the Presentation of the Blessed Virgin Mary to initiate recurring EFT withdrawal or credit card charge transactions as indicated above. I understand that a record of each gift will be included on my monthly bank or credit card statement. I may change or cancel this recurring payment at any time by notifying the Development Office in writing by the 15th of the month in order to alter the next month's transaction.

Signature _____ **Date** _____

Please sign this form. If paying via EFT, remember to attach a voided check. Mail completed form to: Presentation Sisters Development Office, 1500 N. 2nd Street, Aberdeen, SD 57401

For questions, please contact Barb Grosz in the Development Office at 605-229-8391 or bgrosz@presentationisters.org.