



Electronic Funds 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) _____

Payment Date will be 5th day of each month.

Please use my gift for:

Hispanic Ministry

- Caminando Juntos, Sioux Falls, SD
- Hispanic Outreach, Aberdeen, SD
- Clínica San José, Guatemala
- Kaoma Zambia, Africa (S. Virginia McCall)
- Kalomo Zambia, Africa (S. Deb Nelson)
- Presentation Sisters' Collaborative Ministry, New Orleans, La.

Presentation Leadership Camps

- Junior High - Black Hills, S.D.
- L.I.V.E. Latina - Omaha, Neb.
- Senior High - Live Out Loud
- Vocation Outreach Ministry
- Catholic School Scholarship
- Needy Children
- Needy Adults

- PBVM International Collaborative Efforts
- Cojourners
- Sisters Retirement
- Sisters' Most Needed

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 _____

Statement of Authorization

I authorize the Sisters of the Presentation of the Blessed Virgin Mary and Dacotah Bank of Aberdeen to initiate recurring EFT withdrawal 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, Attn: Barb Grosz, 1500 N. 2nd Street, Aberdeen, SD 57401

For questions, please contact Barb Grosz in the Development Office at 605-229-8391 or

bgrosz@presentationsisters.org

RETAIN FOR YOUR RECORDS

On _____ I authorized Dacotah Bank, 308 S. Main Street, Aberdeen, SD 57401
(Date)

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the address above.

Payment Amount: \$ _____ per month. Regular Payment Date: 5th day of each month