



I / We are interested in supporting Our Lady of Hope Clinic's mission to provide **FREE** primary medical care to the uninsured of our community and would like to make a donation to the work of the clinic.

Our Lady of Hope Clinic is tax-exempt under section 501(c)(3) of the Internal Revenue Code in that the primary purpose of Our Lady of Hope Clinic is to serve the medical needs of individuals and families that cannot afford, or do not otherwise have access to, private health care coverage.

I / We would like to support:

A one-time gift of \$ _____

A monthly gift of \$ _____

Donations may be mailed to:

Our Lady of Hope Clinic
6425 Odana Rd, Ste. 13
Madison, WI 53719

Automatic Withdrawal: If you would rather have your donation withdrawn from your bank account, please fill out the Automatic Withdrawal Authorization Form and mail with this form to the above address.

Credit Card Payments: Please see www.ourladyofhopeclinc.org PayPal DONATION logo for credit card donation.

Automatic Withdrawal Authorization Form

This Automatic Monthly Withdrawal Form authorizes Our Lady of Hope Clinic Inc. (OLHC) to withdraw donations directly from the donor’s bank account each month or annually.

Authorization for Automatic Monthly Withdrawal

Start Date: (mm/yy) ____/____

Type of account: ____ Checking ____ Savings

Bank Name: _____

Routing # (9 Digits): _____

Account # : _____

Name on Account: _____

Please attach a voided check to start automatic withdrawal from your checking account OR a deposit slip for a savings account.

Contact Information

Name: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS: I hereby authorize and request OLHC to make monthly withdrawals in the amount listed above by initiating debit entries to my account indicated on the voided check copy provided, and I authorize and request BANK to accept my debit entries initiated by OLHC to such account. This authorization will remain in effect until I revoke authorization by writing to OLHC 10 days prior to my scheduled debit.

Signature

Date