



We would like to sincerely **thank you** for your willingness to contribute to our organization and be a part of the mission to help struggling mothers and their children attain a better life for themselves. Your generosity is greatly appreciated. To set up your **monthly** giving, please complete this form, choosing ACH or credit card payment, and return to:

St. Raymond's Society, PO Box 1491, Columbia, MO 65205.

Name: _____

Address: _____

Phone: _____

Email: _____

Circle the city where you would like your donation to go: Jefferson City Columbia Rolla

Option 1: ACH Payment Authorization:

I, _____, authorize the transfer of \$ _____
(signature) (amount)

per month automatically from my account to St. Raymond's Society.

Fill in lines below with account information and **include a voided check**.

(routing no.)

(account no.)

I would like the funds to be transferred on the 1st / 15th of the month.
(circle one)

Option 2: Credit Card Authorization:

Amount to be donated on the 15th of each month: \$ _____

Credit Card Number: _____

Exp.Date: _____

CVV (Code on Back of Card): _____

Signature: _____

Tax Benefits: If you are a MO resident, donations that total \$100 or more for the year qualify to apply for Maternity Home State Tax Credits that equates to 50% of the donated amount.
St. Raymond's Society is a 501(c)(3) organization. All donations are tax deductible as allowable by law.