



Donation Form

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 families attain a better life for themselves. To set up regular giving, fill out the information below and choose your method of giving from the 3 options

Return form to: **St. Raymond's Society, PO Box 105554, Jefferson City, MO 65110**

Name: _____

Address: _____

Phone: _____ Email: _____

1

Monthly ACH (amount is withdrawn automatically from your checking or savings account each month)

ACH Payment Authorization: I, _____, authorize the
(signature)

transfer of \$_____ per month automatically from my account to St. Raymond's Society
(amount)

and would like for the funds to be transferred on the **1st / 15th** of the month (circle one)

(routing no.)

(account no.)

Fill in the routing and account numbers above and **include a voided check**.

2

Monthly Credit/Debit card payment (processing occurs on the 15th of each month)

Card Authorization: \$_____
(amount)

Card Number: _____

Exp.Date: _____ CVV (Code on Back of Card): _____

Signature: _____

3

Annual Donation for 5 years (once a year for 5 years donor will send a check to St. Raymond's in the month determined by donor. A letter with return envelope will be sent to you during that month.)

Amount \$_____ Month of donation _____

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 (while they last) that equates to 50% of the donated amount. St. Raymond's Society is a 501(c)(3) organization. All donations are tax deductible allowable by law.