

Monthly Giving through your Checking Account

Please use this form to set up your monthly giving through your checking account



About Electronic Giving

World Medical Relief offers an Automatic Electronic Giving Plan as a safe, convenient, and reliable way to make your contributions using electronic transfer.

Similar to programs offered by banks, telephone, insurance and utility companies, your contributions are automatically withdrawn from a regular checking account at any bank or credit union.

It is 100% safe and you can cancel or change your contributions at any time. Best of all, it saves you time, and helps us keep our budget on track through the year.

The benefits to you are:

- Saves time – one time set up is easy
- Consistent – your donation reaches World Medical Relief consistently
- Flexible – allows you to change your amount anytime
- Worry free – no credit card involved

Feel free to contact Josephine Jabara, Director of Development, with any questions you might have:

Office: 313-866-5333 ext. 243

Email: jjabara@worldmedicalrelief.org

How the Program Works

If you decide to take part in the Electronic Giving Plan, it would work like this:

1. Fill out the adjoining form and return it to (please use enclosed envelope):
World Medical Relief
21725 Melrose Avenue
Southfield, MI 48075

Be sure to attach a voided check to the enrollment form. We will be unable to process your enrollment without it.

2. Your request will be processed and recorded with World Medical Relief's bank – Bank of America.
3. Your contributions will be electronically withdrawn from your account and deposited into World Medical Relief's checking account on the 15th of each month.
4. Please note: this program is only for the monthly contributions. Other special project donations may continue to be made by cash, checks or credit card.
5. The authorization will remain in effect until you notify World Medical Relief in writing to cancel at least one week prior the next withdrawal date.

Automatic Donation Form

1. Donation Amount

I/we would like to contribute the following amount on the 15th of each month

\$ _____ beginning _____
Amount Month

2. Personal Information

Last Name First Name MI

Last Name First Name MI

Address

City State Zip

Telephone Number

Email address

3. Authorization

I authorize World Medical Relief to withdraw automatically my donation from:

Bank Name

Please include a voided check to provide the necessary routing information

4. Signature (one of the authorized signers on the account)

Signature

Date