

GLOBAL HOPE NETWORK INTL. INTERNATIONAL
Direct Giving Enrollment Form

Use this form to start automatic monthly contributions to Global Hope Network Intl.
Be sure to **sign your name** and indicate the date.

Name _____ Telephone _____
Address _____ Email _____
City _____ ***Signature _____ ***
State _____ Zip _____ Date _____

"I wish to begin making monthly contributions to GHNI through the Direct Giving Plan with a total monthly gift of: \$ _____, beginning _____ (mo./yr). Please deduct on the ___5th ___20th

My monthly gift is intended for:

- A. _____ \$ _____
- B. _____ \$ _____
- C. _____ \$ _____

Choose method:

Bank Account: I have attached a check for my first month's gift. Please transfer my monthly gifts from my bank account.

(All gifts to Global Hope Network Intl. originating as ACH transactions comply with U.S. law.)

Or....

Credit Card:
Number _____ Visa Mastercard (circle one)
Expiry date _____ CCV (3 digits on back) _____

"I understand that my monthly gifts will be transferred directly from my banking or credit card account and will appear on my statement. If at any time I wish to increase, decrease or suspend my giving, I will contact Global Hope Network Intl at 407.207.3256."

Return the completed form (**with a check for your first month's gift if by bank account**) to:

Global Hope Network Int'l, PO Box 560026, Orlando, FL 32856

Or Fax it (**with a copy of one of your checks if by bank account**) to: 407.841.1447