

Recurring Gift Authorization Form

Donor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Donation Amount:

\$ _____ monthly – beginning _____ ending _____

\$ _____ quarterly – beginning _____ ending _____

Authorization:

I authorize Covenant Hospice to automatically charge my account for the amount indicated above. If no end date is provided, I will contact Covenant Hospice in writing to cancel this authorization.

Signature: _____ Date: _____

Account Type:

Name on account (please print): _____

BANK ACCOUNT: Checking (enclose voided check) Savings (enclose voided deposit slip)

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

CREDIT CARD: Visa MasterCard Discover

Account number: _____ Expiration Date ____/____

Thank you for supporting Covenant Hospice. To make your recurring gift, please complete this form and mail it with any required item listed above to:

Covenant Hospice
Attn: Donor Services
5041 N. 12th Avenue
Pensacola, FL 32504

Gifts are tax deductible to the extent of IRS regulations. No goods or services are provided by Covenant Hospice, Inc. in return for any contributions. Covenant Hospice, Inc. operates in the State of Florida as a 501(c)3 charitable organization and is registered with the Florida Department of Agriculture & Consumer Services. Covenant Hospice does not engage outside solicitors, and one hundred percent of contributions are received by Covenant Hospice and its foundation. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. For additional information, call 1-800-435-7352. Registration # CH4450 and CH4455.