

## **Partners in Hope**

## **Recurring Donation Authorization and Enrollment**

I authorize my bank to pay to Washington Gorge Action Programs the amount shown below in accordance with the terms and conditions listed below:

Please deduct this donation from my (check one):

Checking Account (attach voided blank check) \_\_\_\_\_

Savings Account (attach deposit slip) \_\_\_\_\_

Amount to be debited each month	

Approximate Date Request for Debit \_\_\_\_\_

**By signing below,** I give my authorization that a charge to my bank account will be the same as if I personally signed a check to Washington Gorge Action Programs. Authorized transactions will continue until I notify my bank to cancel this payment.

Authorizing Signature	Date
Name	
Address	
Telephone	-
Email	(Optional)

Please return this signed form to WAGAP, P.O. Box 805, Bingen, WA 98605

## Our Guarantee to You

Our mission at Washington Gorge Action Programs is to "Strengthen community by inspiring hope and helping people help themselves." If you think we aren't using your donation properly, you can ask us to return it.

## Terms for Partners in Hope Sustaining Donation Program

When you choose to use this program, your pledge payments will be automatically processed, which significantly reduces our administrative and mailing costs.

**Tax Information.** WAGAP is a 501(c)3 nonprofit, # 91-0793062, and your gift is tax-deductible to the full extent permitted by law.

**Pledge Payment.** Payments will be deducted from your checking account or charged to your preferred credit/debit card account each month. You will receive payment statements from us as requested.

**Availability of Funds.** You are responsible for maintaining sufficient funds in your account or sufficient credit limit available on your credit card on the payment date. Your bank may charge you if your transfer is returned due to insufficient funds. WAGAP will continue to charge your credit card until you contact us and ask to be removed from the program.

**Record of Payments.** The amount and date of your automatic pledge gift will appear on your bank or credit card statement.

**Account/Address Change.** Please notify us of any credit card updates, checking account, or address changes as soon as possible to ensure timely payments.

**Questions?** If you have any questions relating to your Partners in Hope Sustaining Donation Program gifts, please call 509-493-2662 or email <u>donate@wagap.org</u>