

**Kind
Intentions
Ministries**

(A Ministry of Helping Hands, Inc.)

Automated Recurring Donation Agreement

This agreement authorizes Helping Hands, Inc. to transfer funds as a donation from a donor's personal bank account on a monthly basis. Transfers will occur on the first day of each month. This agreement will remain in effect until written notification from the donor is received.

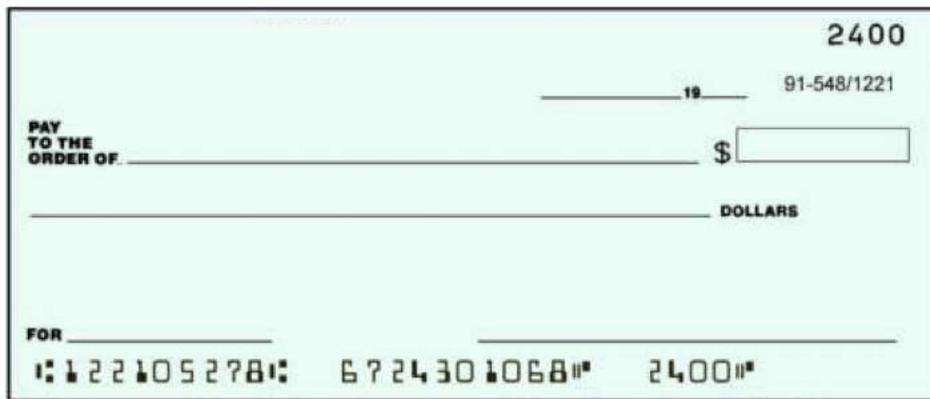
DONOR: Name: _____

Address: _____

City, State, Zip code: _____

Phone: _____ Email: _____

DONORS BANK ACCOUNT INFORMATION:



Routing Number

Account Number

Check Number

Routing Number: _____ Account Number: _____

Account type: Checking Savings

AUTHORIZATION: I authorize the transfer of \$____. ____ per month from my bank account to the bank account of Helping Hands, Inc. I understand a record of each donation will be included on my monthly bank statement. I understand that this agreement will remain in effect until I send written notification to Helping Hands, Inc. Transactions will discontinue 10- business days from receipt of notification. (Please include a voided check with this agreement.) Signature: _____ Date: _____

Send this form and voided check to:

Helping Hands, Inc.
1241 Briar Creek Road
Charlotte, NC 28205

Helping Hands, Inc. is a non-profit, 501(c)3 organization. Your contributions are tax-deductible.

Questions: Kathryn - 704-607-0453

kindintentionsministries@gmail.com

Thank You for your generous donation!