

ESTHER Monthly Sustainer Enrollment Form

Name(s) _____ Daytime Phone _____
Address: _____ Email _____
_____ Congregation _____

- **I (we) would like to *become* a Monthly Sustainer of ESTHER by enrolling in the monthly giving program using Electronic Funds Transfer administered by WISDOM. (I understand that the minimum monthly contribution is \$10.)**

Authorization Agreement for Direct Payments (ACH Debits):

I (we) hereby authorize WISDOM (for ESTHER) to initiate debit entries to my (our) Checking Account or Savings Account for the amount listed below at the depository financial institution named below or on the enclosed voided check. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Transfers will be forwarded to ESTHER.

Please debit \$ _____ from the selected account monthly. I (we) would like to begin in _____ (month), _____ (year). Please debit my (our) account on the 16th of each month.

- **I (we) would like to *increase* my (our) monthly giving as an ESTHER Monthly Sustainer.**
Please debit \$ _____ from my (our) account monthly beginning in _____ (month).

For First Time Electronic Funds Transfer Sustaining Members:

___ **Checking Account:** ATTACH A VOIDED CHECK (not a deposit slip)

___ **Savings Account:** ATTACH A SAVINGS DEPOSIT SLIP or fill in the information below.

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until ESTHER receives written notification from me (or either of us) of its termination in such time and in such manner as to afford ESTHER and the depository financial institution a reasonable opportunity to act on it.

Signature _____ Date _____

Signature _____ Date _____

- **I (we) want to be a Sustaining Member but prefer to make an annual cash donation.**
I have enclosed a check for: ___ \$120 ___ \$250 ___ \$500 ___ \$1000 Other _____

Monthly Sustainers, please mail this form with A VOIDED CHECK or savings deposit slip to:



ESTHER
P.O. Box 784
Neenah, WI 54957-0784

*Double the impact of your contribution by checking with your employer
to learn if they match charitable contributions made by employees.*

Please also remember us in your will.

REMEMBER: Your Contribution to ESTHER is Tax Deductible!