

I authorize the American Red Cross of Greater Columbus to make the following automatic monthly transfer of (*minimum of \$10*)

- \$10 \$15 \$20 \$25
\$50 \$75 \$100 Other:\$_____

from my (*check one*) **Checking Account** or **Credit Card Account**. Automatic transfers will occur each month on the following day (*please check one*) **5th** or **20th**. This authorization will remain in effect until I notify the American Red Cross of Greater Columbus in writing that I wish to change my contributions.

-OR-

Please send me a **Monthly Invoice** in the amount of \$_____ (*minimum \$10*) on the (*please check one*) **5th** or **20th** of each month.

Signature _____
Date _____

I cannot join *Partners in Hope* at this time, but please accept my gift of \$_____

Payment Method: Check Mastercard
 VISA Discover American Express

Credit Card # / / / - / / / - / / / - / / /

Exp. Date _____

Signature _____

Date _____

Receipt

Keep this portion as a record of your commitment.

Amount pledged per month: \$ _____

Method of Payment (*circle one*):

- Checking Account** **Credit Card**
 Monthly Invoices

Automatic monthly transfers occur on the (*check one*) **5th** or **20th** day of the month.

Thank you!

A year-end summary of your gifts will be provided. Automatic transfers will appear on your bank or charge statements. Please direct inquiries to 614.253.2740, ext. 2427. You may discontinue participation at any time. Just notify the American Red Cross of Greater Columbus in writing 7 to 10 business days before the next transfer scheduled.

Mission

The American Red Cross of Greater Columbus, a humanitarian organization led by volunteers and guided by its Congressional Charter and the Fundamental Principles of the International Red Cross Movement, will provide relief to victims of disasters and help people prevent, prepare for, and respond to emergencies.

Together, we can save a life

*“you can help...
without ever writing another check”*



American Red Cross

of Greater Columbus

Partners
in Hope

A program of Monthly Giving that is

- *simple and convenient*
- *efficient & cost effective for you and the Red Cross*
- *for those with a strong commitment to assisting with Red Cross services*

American Red Cross of Greater Columbus
995 East Broad Street
Columbus, OH 43205
614.253.2740 ext. 2427
<http://columbus.redcross.org>

Questions and Answers

Q What is *Partners in Hope*?

A *Partners in Hope* is a group of donors who pledge a monthly gift to support the American Red Cross of Greater Columbus community services and programs.

Q How does the monthly donor program work?

A You decide on a monthly gift amount that fits your budget (*\$10 minimum*). You then authorize your bank (using attached form) to transfer this amount from your checking or savings account directly to the American Red Cross of Greater Columbus on a monthly basis. This can also be done using your credit card or we can send you a monthly invoice.

Q What are the benefits?

A To you, *Partners in Hope* makes giving easier and more convenient, with no more checks to write, no more envelopes to mail.

To the Red Cross, your donation goes further because you help reduce our administrative, postage and paper costs. More of your gift can go directly to Red Cross services. Also, because we can count on your contribution each month, we can more effectively budget our limited resources.

Q Is this a safe method of making donations?

A The automatic transfer of funds is safer than mailing cash or checks. In fact, one of the largest users of this method of funds transfer is the U.S. Social Security Administration.

Q What record will I have of my monthly donations?

A Your monthly checking account or credit card statement will show the date and amount of your donation to the American Red Cross of Greater Columbus. Also, we will send you a year-end statement listing your contributions for the year.

Q What if I change my mind?

A You may discontinue participation or change your gift amount at any time. Just notify the American Red Cross of Greater Columbus in writing seven to ten business days before the next scheduled transfer. If you move, change banks or your credit card number changes, you may call or write us.

Q How do I sign up?

A Simply complete the authorization form attached to this brochure, and mail it to us in the enclosed envelope. If your monthly gift will be made from your checking account, please also enclose a check for your first month's donation. It's that simple! We'll take care of the rest.

It's easy to begin...

Please fill out both sides of this form to enroll and mail it to the American Red Cross of Greater Columbus using the enclosed envelope.

Questions? Call: American Red Cross of Greater Columbus Financial Development Office, 614.253.2740 ext. 2427.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (____) _____

Email: _____

I prefer to make monthly gifts through my:
(*check one of the following*)

Checking Account

Credit Card

Monthly Invoice

If you select Checking Account: (*check one*)

A check for my first month's gift is enclosed

My blank voided check is attached

If you select Credit Card account: (*check one*)

Visa

Mastercard

American Express

Discover

Credit Card # / / / - / / / - / / / - / / /

Exp. Date _____