W e are glad to be able to offer you an Automatic Giving Program, with convenient ways of contributing each month to sustain the work of God at The House of Hope. When you participate, your gift will automatically be transferred each month directly to The House of Hope. Your gift will go further than ever before, because: $\sqrt{}$ Our income will be more predictable, allowing us to make solid commitments to new projects and current obligations $\sqrt{}$ Our administrative costs will be reduced.

 $\sqrt{}$ You may make your contributions even when you are on vacation or are unable to attend the worship service.

As a participant of the program, you are still free to make additional gifts by check or cash as you wish.

You can also enroll through our website at www.hohchurch.org using the "Donate Online" link.

If at any time you wish to modify or suspend your participation, simply notify Michelle Freyholtz, 651-223-7556, or e-mail her at michellef@hohchurch.org, and we will gladly accommodate you.

CUT HERE	
ow to enroll using Visa or MasterCard	
Π	Name
Use this enrollment form to indicate the amount you wish to contribute by Visa or MasterCard.	Address
$\begin{array}{l} \sqrt{} & \text{Print your name and complete address.} \\ \sqrt{} & \text{Sign and date this enrollment form.} \end{array}$	City
Please accept my gift of \$ on the 5th or 20th of the month (circle preferred date). Enter start date:	State Zip
Monthly One-time Donation	Telephone
Name on Card	I authorize the above church and Vanco Services, LLC to debit my account. I understand that this authority will remain in effect until I
Billing address on card:	provide reasonable notification to terminate the authorization.
Account No	Signature x
Expiration Date	Date
 <i>H</i> ow to enroll using bank accounts ✓ Use this enrollment form to indicate the amount you wish to contribute each month from your bank account. ✓ Print your name and complete address. 	
Sign and date this enrollment form.	City
Please accept my gift of \$ on the 5th or 20th of the month (circle preferred date). Enter start date:	State Zip
Monthly One-time Donation	Telephone
 Please transfer from my checking account. (Attach voided check.) Please transfer from my savings account. Contact bank for routing number. 	I authorize the above church and Vanco Services, LLC to debit my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.
Routing #	Signature $\boldsymbol{\chi}$
Account #	Date

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