AUTHORIZATION FOR DIRECT DONATIONS
to Hope to Haiti

I authorize Capital City Bank to initiate debits from my checking/savings account. I can stop payment of any entry by notifying Hope to Haiti five days before my account is charged.

Please debit my account each month for my gift to Hope to Haiti for:

(Check one amount below)

_____ $25 _____ $50 _____ $100 _____ other

(Check one option below)

Please debit my account on the ____ 8th or the ____ 30th of each month.

_____
(Name)

_____
(Address) (City) (State)

_____
(Signature) (Date) (Print Name)

_____ I have enclosed a canceled check in order to provide my account and routing number.

Please mail this authorization and a canceled check to:

Hope to Haiti
PO Box 180391
Tallahassee FL 32318