Electronic Funds Transfer (EFT) Donation Form

Please Print and Mail to: **Fax:** (713) 748-5941
Star of Hope
Attn: Development
6897 Ardmore
Houston, TX 77054

Star of hope
For Houston's Homeless Since 1907

I want to help Star of Hope provide food, shelter, clothing and Christian encouragement to those in need by Electronic Fund Transfers from my checking or savings account.

Name:_____

Address:_____

Telephone Number:_____
Home **Work**

E-mail Address: _____

Please charge my: ☐ **Checking Account (Please attach voided check)** ☐ **Savings Account**

Amount:_____ ☐ **Monthly** ☐ **Quarterly** **Effective:**_____

Account Number:_____

Bank Name: _____ **Phone Number:** _____

Bank Address: _____

Bank ABA Number:_____

Purpose of Donation:_____
☐**General** ☐**Women & Family Emergency Shelter** ☐**Men's Shelter**
☐**Transitional Living Center** ☐**Food** ☐**Children**

_____
Signature **Date**

This request is being made voluntarily and at any time I may cancel by sending a letter to:

Star of Hope
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Houston, TX 77054

_____
(FOR DEVELOPMENT USE ONLY)

Date received:_____ **Date Cancelled:**_____

ECFA MEMBER
A higher standard. A higher purpose.