

Bethany Life Communities Foundation's

EasyGive Monthly Giving Program

I want to make a monthly donation of:

♥ \$10

♥ \$15

♥ \$20

♥ \$25

♥ \$35

♥ \$50

\$ _____

(other)

I prefer to donate by the following method:

♥ **Credit Card**

Card # _____ - _____ - _____ - _____

Expiration Date ____/____

♥ **Automatic bank transfer**

I've enclosed a voided check and authorize the Bethany Life Foundation to debit my account as indicated.

Beginning Date: _____

Total Gift Amount: _____

Print Name

(as on credit card or bank account) _____

Address _____

City _____ **State** _____ **Zip** _____ **Phone** _____

Signature _____ **Date** _____

(my signature authorizes the electronic transfer of my funds as indicated)



I would like my monthly gift to be designated to the following fund(s):

_____ **Good Samaritan**

_____ **Employee Appreciation**

_____ **Chaplaincy for Today**

_____ **Eden**

_____ **Chaplaincy Endowment**

_____ **Capital Needs**

Please send your EasyGive form to the Bethany Life Foundation, 212 Lafayette Ave., Story City, IA 50248

For more information, contact: Larry Elphic, Foundation Director 515-733-4325

No transfer of funds will occur without verbal verification of this EasyGive application.