



## Recurring Donation Form

Thank you for your support of Our Little Haven. Please use this form to set up your recurring donation to the children helped by Our Little Haven. Please complete and print out (or print out and write in) your requests.

Donation Frequency:

Monthly Bi-Monthly Quarterly Semi-Annually Annually Other \_\_\_\_\_

On Specific Dates: \_\_\_\_\_

Amount of Each Donation

\$25 \$50 \$100 \$250 \$500 \$1,000 Other: \$ \_\_\_\_\_

Preferred Payment Option

Credit Card Electronic Transfer from Checking Account

Name: \_\_\_\_\_

Company or Organization: \_\_\_\_\_

Address (for card or payment) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Home Business

Email Address: \_\_\_\_\_

**If your donations are in memory or to honor a person or entity, please complete this section. A card will be sent on each donation occasion reminding them of your special gift and thoughts.**

In Honor of, or In Memory of: \_\_\_\_\_

Relation to Individual \_\_\_\_\_

Notification to family, individual, entity of your gift please provide information below:

Please Notify: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Special Notes for message:

Credit Card Option

I would prefer not to send the credit card information by mail. Please check this box and we will contact you shortly via phone to secure the information needed. Please provide your signature below, even if leaving this information blank.

VISA M/C Discover American Express

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

I (we) authorize Our Little Haven to charge this credit card in the amounts stated above at scheduled requested.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Electronic Fund Transfer Checking Account**

Name: \_\_\_\_\_

Name of Bank or Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Please Complete and Mail to:  
**Our Little Haven**  
**P.O. Box 23010**  
**St. Louis, MO 63156-3010**

**Questions: Please contact Chris Munoz (314) 533-2229 x232 [cmunoz@ourlittlehaven.org](mailto:cmunoz@ourlittlehaven.org)**

Credit Card Numbers or Checking Account Numbers are not stored on site and encrypted once entered.

Our Little Haven is a registered 501c3 non-profit organization. EIN#: 43-1567500