



Mt. Hope

(Please fill out form and return via U.S. Mail, fax, or e-mail)

Name _____
Address (line 1) _____
Address (line 2) _____
City _____ State _____ Zip/Postal _____
Country _____ Phone _____ (alt. #) _____
Email address _____

Please receive my gift of

\$_____ per month

\$_____ one time gift

Payment method: (check one)

- Enclosed check/money order payable to*: **Sister Connection c/o KTC**
 - Please send me payment reminder
- Credit Card (see credit card form below)
- Electronic Funds Transfer (EFT) (see EFT form below)

Fax, Mail or E-Mail Completed Form(s) with enclosed form of payment to:

Sister Connection
c/o King Trust Company, NA
P.O. Box 580
Spring Arbor, MI 49283
E-Mail: info@sisterconnection.org
Fax: 317-882-3856

Questions? Please call us at 317-888-0135 to speak with a Sister Connection representative or e-mail us at: info@sisterconnection.org

Thank you for choosing to make a difference with Sister Connection!



KING TRUST COMPANY, N.A.
DIRECT WITHDRAWAL AUTHORIZATION AGREEMENT
(For funds coming to King Trust from another institution)

I hereby authorize King Trust Company, N.A. to debit my **checking/savings** (circle one) account # _____ at the financial institution named below in the amount of \$ _____ on a monthly basis, beginning _____.

Adjusted entries to correct errors are also authorized. This authority will remain in effect until it is canceled in writing. Please credit the account at King Trust Company, N.A.:

Financial Institution Name	Date
Account Number	Routing/ABA Number
Financial Institution Address	Account holder name (print)
City State Zip	Account holder Signature

PLEASE NOTE: King Trust Company only allows for *monthly withdrawal*, and will debit your account on the 15th of each month in order to accommodate our accounting system.

NOTE: If a checking account, please attach a voided check when you return this form.

Donor Address:

Name _____
Address (line1) _____
Address (line 2) _____
City _____ State _____ Zip/Postal _____
Country _____

Return to: Sister Connection c/o King Trust Company, N.A., P.O. Box 580, Spring Arbor, MI, 49283
(Phone: 1-800-325-8975)



**Sister Connection c/o
KING TRUST COMPANY, N.A.
P.O. Box 580
Spring Arbor, MI 49283
Attn: Dan Kurtz**

CREDIT CARD TRANSACTION AUTHORIZATION

Type of Credit Card (VISA, Mastercard): _____

Credit Card #: _____

Expiration Date: _____

Name on Card: _____

Billing Address of Credit Card Holder:

Card Verification # (from back of card): _____

Amount: _____

Circle One: **Monthly** **Quarterly** **Yearly** **One Time Gift**

Signature: _____

Date: _____

Please complete and return to: Sister Connection c/o KTC, P.O. Box 580, Spring Arbor, MI 49283