Electronic Funds Transfer (EFT) Donation Form

Please Print and Mail to:

Star of Hope Attn: Data Services 2575 Reed Rd Houston, TX 77051-2216



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:					
	Home			Work	
Please charge my:	□Checking Account (Please attach void		d check)	☐ Savings Account	
Amount:	□Monthly	□Quarterly		Effective:	
Account Number:_				_	
Bank Name:	Phone Number:				
Bank Address:					
Bank ABA Number:				_	
Purpose of Donatio	n:				
	□General □Food	□Women & Family Develop □Children		@ Cornerstone Community® Clevelopment Center	Campus
Signature				Date	
This request is being	made voluntarily ar	nd at any time I may cancel by se	nding a letter	to:	
Star of Hope Attn: Data Services 2575 Reed Rd Houston, TX 77051-	2216				
(FOR DEVELOPMENT	USE ONLY)				
Date received:			Date Ca	ncelled:	



