

How To Give

Thank you for your helping to demonstrate and communicate the love of Jesus Christ with your gift.

If you require more information, or to modify your monthly commitment, simply contact us using the information below. Please allow 30 days to process a gift modification or gift cancellation.

Privacy Policy:

To view the complete Hungry For Life privacy policy, please visit our website (www.hungryforlife.org) or provide a written request.

Hungry For Life requires your personal information for the following purposes:

- Relevant financial institutions require it to process your gift.
- It is necessary for the issuing of tax-deductible receipts.
- We want to update you on the project or staff member to which you have contributed, as well as HFL operations, and maintain contact with you to present further opportunities for giving and/or serving.

Agreement:

I understand that the permission to charge my bank account, VISA, or MasterCard is the same as if I had personally signed a cheque to Hungry For Life International (HFL). I understand that my bank, VISA, or MasterCard is responsible for the timely posting of all transactions from my account. If there are any discrepancies in the amount that has been transferred from my account in a given month, I will contact Hungry For Life directly for correction.

Funds designated to support a Hungry For Life staff member are not directly given to that staff member. The funds are given to HFL and are used to pay the employment expenses of that particular staff member. HFL sets salary levels and retains control of all funds.

Funds will be accepted only for programs or projects that are within the objectives of Hungry For Life (HFL) that have been approved by the management and governing board. Each gift directed toward an approved program or project will be used as directed. However, when a program or project need has been met or cannot be carried out for reasons beyond the ability of management and/or board to control, the donor agrees that the remaining restricted funds may be used by HFL for other programs or projects. HFL will make every effort to use these funds in similar programs or projects as the original direction.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Registered US Non-profit #30-0312349



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Step 1 > Personal Information

This information is used to issue tax receipts and provide you with ministry updates. See the privacy policy on the back of this form for more information.

NAME	
ADDRESS	
CITY	STATE
ZIP	PHONE
E-MAIL	

Step 2 > Gift Designation

Funds can be automatically withdrawn each month from a bank account or debit/credit card, and can be adjusted at any time. One-time gifts can be processed the same way.

DESIGNATION	AMOUNT
<input type="checkbox"/> I would like to contribute on a monthly basis, giving Hungry For Life permission to transfer the total indicated above from my bank account or credit card.	TOTAL
<input type="checkbox"/> I would like to make a one-time contribution.	

Step 3 > Payment Information

The pre-authorized automatic withdrawal plan requires a routing number (usually the first number on the bottom of a check) and bank account number (to the right of the routing number).

If paying by credit card, please be aware that the credit card company will retain a percentage of your donation for their fee.

Please note that a signature is required regardless of your method of payment.

DATE	MONTH TO START	SIGNATURE (by signing you agree to the terms shown on the left)
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<input type="checkbox"/> Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard (will be charged on the 1 st of the month)	
CARD NUMBER	
EXPIRY DATE	NAME ON CARD
<input type="checkbox"/> Pre-authorized Automatic Withdrawal:	
ROUTING NUMBER	Withdraw on the:
BANK ACCOUNT NUMBER	<input type="checkbox"/> 1 st of month <input type="checkbox"/> 15 th of month
SIGNATURE (by signing you agree to the terms shown on the left)	