

GIFT OF TIME CLUB

NEW: For only \$10 a month you can become a member

Check the box "I want to enroll in the Gift of Time Club... Fill out the **Authorization Agreement for Pre-Authorized Monthly Payments** below and fill in the amount for \$10. You can also go on our Facebook (no fees attached) or the website and donate \$10 a month. Please let us know that you are joining the Gift of Time Club if donating by social media. If space isn't available, send us an email office@respitevolunteers.org and let us know.

Respite Volunteers of Shiawassee Spring/Summer Newsletter 2022 Electronic Funds Transfer Authorization Form

☐ **YES**, I want to enroll in the Electronic Funds Transfer (EFT) program and have my contribution automatically deducted from my checking or savings account ACH every month.

☐ **YES**, I want to enroll in the **Gift of Time Club** and have my \$10 contribution automatically deducted from my checking or savings account ACH every month.

Authorization Agreement for Pre-Authorized Monthly Payments

Name: _____ Phone: _____

Address: _____ City, State and Zip: _____

Date to Start Deductions: _____ (Respite Volunteers of Shiawassee will debit on the 15th of each month)

Please debit my membership payment from: ☐ Checking Account ☐ Savings Account (check only one)

Financial Institution: _____ Routing Number: _____

Monthly Deduction: \$ _____ Account Number: _____

Authorization Agreement:

I authorize Respite Volunteers of Shiawassee to charge my checking or savings account monthly in the amount of \$ _____. This authority is to remain in full force and effect for at least twelve (12) months which constitutes a one year membership. I understand that I must notify Respite Volunteers of Shiawassee if I wish to discontinue the automated payment service.

Signed: _____ Dated: _____



Respite Volunteers of Shiawassee Membership Renewal/New Form

Knowing that the greatest satisfaction comes from a caring heart, I offer my annual membership so that Respite Volunteers of Shiawassee can continue to provide trained volunteers for adults with health impairments, caregivers, their loved ones, and elderly persons living alone.

Name: _____ Phone: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Please check one:

- ☐ Black Diamond \$5,000 + ☐ Diamond \$1,000 — \$4,999 ☐ Emerald \$999 — \$500
☐ Ruby \$499 — \$250 ☐ Sapphire \$249 — \$100 ☐ Pearl \$99 — \$40 ☐ Topaz \$39 — \$25

Attached is my check payable to the Respite Volunteers of Shiawassee in the amount of \$ _____

This gift is given in Memory of: _____ given in Honor of: _____