Holy Wisdom Monastery

MONTHLY GIVING SOCIETY

Use this form to set up a recurring monthly gift by credit card or bank account.

Today's date: **Anonymous gift:** ☐ Yes ☐ No

Type of authorization: ☐ New Authorization & Member ☐ Updating Donation Amount ☐ Updating Information

Last name(s) **First name(s)**

Address, city, state, zip

Primary phone **Email address**

Payment preference (select one: credit card or bank)

☐ **Credit card:** _____
Exp. date: _____ /_____
CSV: _____

☐ **Bank checking account**
Routing number:_____
Account number:_____

Monthly giving

☐ To annual giving fund (greatest need): † Wisdom Fund $_____

☐ Additional support area: † _____: $_____

☐ Additional support area: † _____: $_____

☐ Additional support area: † _____: $_____

Total monthly giving: $_____

Payment preference

Monthly and/or semi-monthly, start my recurring gift on:

Date: ____ / ____ / _____

Process my gift on the 1st: $_____

Process my gift on the 15th: $_____

I authorize the Benedictine Women of Madison, Inc. to debit entries to my account as outlined above. I understand this authority will remain in effect until I provide written notification to terminate the authorization.

Authorized signature: _____ **Date:** _____

Mail to Benedictine Women of Madison, 4200 County Road M, Middleton WI 53562
Questions? Call 608-836-1631, x120 or email hwm@holywisdommonastery.org