

Become a Giving Heart!

Benefits of a Giving Heart gift:

- **Cost effective.** You'll save checks and stamps, and we're able to process your gift more efficiently.
- **Reliable.** You allow Heart Havens to plan for the future with consistent funding.
- **Easy and automatic.** You choose the dollar amount and the starting date.
- **Flexible and secure.** You can increase, decrease, or stop your donation at any time.
- **Convenient.** You'll receive one combined tax receipt for your donations annually.

How to Join:

Use your credit or debit card. Choose the Monthly frequency option when you give online at heart-havens.networkforgood.com. You'll have the opportunity to include a special message on our donor page, or to remain completely anonymous.

or

Give via ACH authorization. Avoid credit card fees and sign up to have gifts automatically debited from your checking or savings account. Simply complete the ACH form and mail it to us.

or

Use online bill pay. Use your bank's online bill pay feature to set up an automatic monthly gift. If you choose this option, please email sara.becker@hearthavens.org or call 804-463-1741 to let us know.

Healthy, home cooked meals

Visit museums, festivals, movies

Medical needs



Transportation

Provide art supplies

Explore their community



Monthly Giving Enrollment Form

Direct Payment via Automated Clearing House (ACH)

Empower your neighbors with a developmental disability without ever writing another check!

Simply fill out this form and mail it with a voided check to:

7501 Boulders View Dr, Ste 205
Richmond, VA 23225

Name(s): _____
include spouse if both should receive gift credit

Address: _____

City/State/Zip: _____

Phone: _____ **Email:** _____

I/We hereby authorize Heart Havens to initiate, through the Virginia United Methodist Credit Union, Inc., debit entries and, if necessary, debit/credit correction and adjustment entries to the account indicated below at the depository financial institution named below. I/We acknowledge that the origination of ACH transactions to/from my/our account must comply with all applicable provisions of US law.

Select one: <input type="radio"/> Checking Account <input type="radio"/> Savings Account
Financial Institution: _____
Routing Number: _____ Account Number: _____
Amount of monthly debit: \$ _____ Date of monthly debit: 15th of the month

I/We understand that this authorization will remain in full force and effect until I/we notify Heart Havens in writing that I/we wish to revoke this authorization. I/we understand that Heart Havens requires at least 30 days prior notice in order to change or cancel this authorization on the 15th of the next month.

- I/We wish to remain anonymous**
(i.e., my name will not be included in donor recognition lists).
- My employer matches gifts. Contact me for more information.**
- I/We have included Heart Havens in my/our will or estate plan.**
- I/We would like to receive Heart Havens' monthly electronic newsletter.**
(My email address is noted above).
- My gift is** **in honor of or** **in memory of** _____

Signature: _____ **Date:** _____

Thank you for your generosity!

Heart Havens will provide you with an annual statement each January. All gifts are tax deductible to the extent allowed by law. You may cancel or change your donation at any time by contacting Heart Havens, with 30 days prior notice. There is a \$30 fee for returned debit entries. All donor financial information is confidential and secure. We do not sell or share donor information with other organizations.