



## Direct Donations Agreement

### For Recurring Contributions

Authorization Agreement for Direct Charges to Credit Card  
or Bank Account Withdrawals (ACH)

Collins Children's Home will process your gift each month on the day you specify below. If the specified day falls on a weekend or holiday, the transaction will occur on the next business day. The transaction will show on your monthly bank or credit card statement. You will receive a tax donation receipt or end of year statement from Collins Children's Home.

**Instructions:** Please complete the form below and send to Collins Children's Home at P.O. Box 745, Seneca, SC 29679 or fax to 864-882-0452. If you have any questions call 864-882-0893 or email [kgibson@collinschildrenshome.org](mailto:kgibson@collinschildrenshome.org).

I authorize Collins Children's Home to keep my signature on file and to charge my credit card or debit card account on a monthly basis in the amount of \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month.

I understand that this authorization is valid from the below date unless I cancel this request. I also agree to contact Collins Children's Home if there are any changes to my credit card or debit card account information.

Cardholder Name: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3 Digit Code on Back of Card: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All donations are used to support Collins Children's Home. Thank you for your love and support. We could not serve our children and families without your help and generosity