



**CHECK / RECURRING MONTHLY DONATION FORM**  
**(please print clearly)**

- \_\_\_\_\_ Please find my check, payable to She Is Safe, enclosed  
\_\_\_\_\_ Please sign me up for automatic monthly giving (complete details below)

I (we) hereby authorize She Is Safe, Inc. to initiate debit entries to my (our) account and financial institutions listed below:

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

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

Financial Institution Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Monthly recurring gift amount: \_\_\_\_\_ Date to Process: 1st \_\_\_\_\_ 15th \_\_\_\_\_

*I (we) understand that should the regular scheduled debit date fall on a weekend or Federal holiday, the debit shall occur the following banking date.*

*This authority shall remain in effect until She Is Safe, Inc. has received written notification from me (us) of its termination in such a time and in such a manner as to afford She Is Safe, Inc. a reasonable opportunity to act on it.*

Donation Preference:

She Is Safe Where Needed: \_\_\_\_\_

Project: \_\_\_\_\_  
(Project name)

Personnel Ministry: \_\_\_\_\_  
(Staff name)

Phone Number: \_\_\_\_\_

Email (for newsletter mailings) : \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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