

200-20-2



take the **PLEDGE**

The work that goes into providing our participants a path to restoration takes a lot of time and support.

We look to the community to lift us up and help provide the resources needed to wrap our girls in support while on their path to restoration.

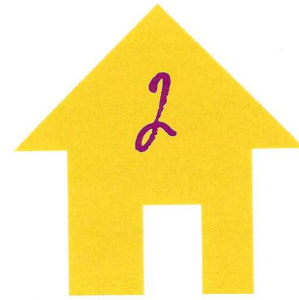
Everybody helps fight.



people



per month



years

NAME _____

PHONE NUMBER _____

EMAIL _____

200-20-2

take the **PLEDGE**

PAYMENT

Monthly Payment of \$20 One-Time Payment of \$480 Other _____

PREFERRED PAYMENT METHOD

Cash Check Direct Deposit Electronic Payment ACH Debit (See Below) Other _____

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH DEBIT

I authorize DOROTHY'S HOUSE to electronically debit my account (and, if necessary, electronically credit my account to correct erroneous debits) at the depository financial institution named below. I agree that ACH transactions I authorize comply with applicable law.

Financial Institution Name _____

Routing Number _____

Account Number _____

Checking Account / Savings Account

Amount of debit(s) or method of determining amount of debit(s) [specify range of acceptable dollar amounts authorized]: _____

I understand that this authorization will remain in full force and effect until I have completed commitment of \$480 or until I notify DOROTHY'S HOUSE of revocation by phone that I wish to revoke this authorization. I understand that DOROTHY'S HOUSE requires at least two (2) weeks prior notice in order to cancel this authorization.

Name _____ Date _____

Signature _____