



e-Giving Partnership

- Fast**
- Easy**
- Economical**

The giving method that saves you time and postage, and ensures that your gift is received on time!

You can complete this form using Adobe Reader. Once completed, either:

Print and Mail this form to: **HLI e-Giving**
 5823 N. Mesa St., #829
 El Paso, TX 79912

Or email form to: **partnerservices@hlipca.com**

Questions? Contact Gene Bowman, Exec. Director: 915.892.4778 or gene@hlipca.com

Yes! Enroll Me in e-Giving!

TERMS OF AGREEMENT

I authorize my bank to transfer the following amount of money to Hispanic Leadership Initiative (HLI) each month to support the ministries of HLI as listed below. I understand that this authorization will remain in effect until I give HLI a written notice of change. I also understand that HLI e-Giving is completely voluntary, and that I may change or end my participation at any time.

Please make the monthly deduction from my:

Bank Name _____

Name on Account _____

Account Type (circle or check one): Checking Savings

Bank Routing Number _____

Bank Account Number _____



Start e-Giving deduction the month of _____

Please transfer my gift on the
 ____ 10th or
 ____ 25th of the month
 (check one)

I wish to give on a
 ____ monthly,
 ____ quarterly,
 ____ annual schedule.
 (check one).

Name * _____

Address * _____

City * _____ State * _____ Zip * _____

Phone _____

Email * _____

Signature _____

* Required for acknowledgement of EFT donations

Instructions for completing the e-Giving enrollment form:

Thank you for donating to HLI! Please use these instructions to complete the **e-Giving** enrollment form below.

Bank Information

Please fill in all of the bank information completely and correctly. Please provide the complete name that is on your account. You can use the sample check to locate your bank's routing number and your account number.

Starting Month, Day of the Month, Frequency

You may begin your donation on a particular month. Please select your preference of either the 10th or 25th of the month for the withdrawal. Please note that sometimes these dates fall on a weekend or holiday, in which case your withdrawal will be processed on the next business day following that date. Please indicate whether you wish to give on a monthly, quarterly, or annual schedule. If you are giving on a quarterly schedule, withdrawals will begin on the month and day you specify, and will continue every three months after that. If you are giving on an annual schedule, withdrawals will begin on the month and day you specify, and will continue every twelve months after that.

Direct My Gift To

You may designate your gift for a particular fund, such as for a particular HLI apprentice, or for the General Fund. If you do not specify, your gift will be posted to the HLI General Fund. HLI uses monies in the General Fund to cover all expenses, including apprentice support, not covered by designated gifts.

Name, Address, Signature

It is especially important to provide us with your full name, current address, phone number, and email address so that we may provide you with a receipt for your gift, and an end-of-year giving statement. Please inform us of any changes to this information so that we may keep our records up-to-date. **Please make sure to sign the form.** We will not be able to process any enrollments that are not signed.