

Name(s) _____

Phone _____

Address _____

Email _____

Congregation _____

Sustaining Member Enrollment Form

☐ **I/we would like to become a Sustaining Member of the SOPHIA organization by enrolling in the monthly giving program using Electronic Funds transfer administered by WISDOM.**

Authorization Agreement for Direct Payments (ACH Debits):

I (we) hereby authorize WISDOM (for SOPHIA) to initiate debit entries to my (our) Checking Account or Savings Account for the amount listed below at the depository financial institution named below or on the enclosed voided check. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Transfers will be forwarded to the above named organization. Please debit \$ _____ from the selected account monthly. I (we) would like to begin in _____ (month), _____ (year). Please debit my (our) account on the 16th of each month.

☐ **I/we would like to *increase* my monthly giving as a SOPHIA Sustaining Member.**

Please debit \$ _____ from my account monthly beginning in _____

For First Time Electronic Funds Transfer Sustaining Members:

____ **Checking Account: ATTACH A VOIDED CHECK** (not a deposit slip)

____ **Savings Account: ATTACH A SAVINGS DEPOSIT SLIP** or fill in the information below.

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until SOPHIA receives written notification from me (or either of us) of its termination in such time and in such manner as to afford SOPHIA and the depository financial institution a reasonable opportunity to act on it.

Signature _____ Date _____

Signature _____ Date _____

☐ **I/we want to be a Sustaining Member but I prefer to make an annual cash donation.**

I have enclosed a check for: ☐ \$120 ☐ \$250 ☐ \$500 ☐ \$1000 ☐ Other _____

Sustaining Members, please mail this form with check (annual contributors) or with A **VOIDED CHECK** or savings deposit slip (monthly contributors) to:

SOPHIA
100 East Broadway
Waukesha, WI 53186

Double the impact of your contribution by checking with your employer to learn if they match charitable contributions made by employees.

Please also remember us in your will.

REMEMBER: Your Contribution to SOPHIA is Tax Deductible!

SOPHIA ~ 100 East Broadway ~ Waukesha, WI ~ 53186 ~ www.sophiawaukesha.org