



# JONAH Sustaining Member Enrollment

Please print:

|                 |  |  |  |
|-----------------|--|--|--|
| <b>Name</b>     |  | <b>Home Phone</b>                                  |  |
| <b>Address</b>  |  | <b>Cell Phone</b>                                  |  |
| <b>City</b>     |  | <b>Email address</b>                               |  |
| <b>State</b>    |  | <b>Congregation or Affiliation (if applicable)</b> |  |
| <b>Zip Code</b> |  |  |  |

To become a JONAH Sustaining Member, you can select one of two options: an automatic monthly withdrawal from your checking/savings account, or an annual donation. Please complete the appropriate section based on your choice. Remember: Your contribution to Joining Our Neighbors Advancing Hope (JONAH) is tax deductible.

|                       |                      |
|-----------------------|----------------------|
| <b>Monthly Giving</b> | <b>Annual Giving</b> |
|-----------------------|----------------------|

Yes! I would like to become a JONAH Sustaining Member by enrolling in a monthly giving program.

I authorize JONAH to initiate debit entries to my checking/savings account for the amount listed below. I acknowledge that the transactions made by JONAH to my account must comply with the provisions of US law. This authorization will remain in effect until JONAH receives written notification from me of a termination in such time and in such a manner as to afford JONAH and my financial institution a reasonable opportunity to act upon such termination.

Please debit \$ \_\_\_\_\_ from the selected account monthly.

I would like to begin in the month of \_\_\_\_\_.  
My account will be debited on or around the 16th of each month.

Write your bank routing number and account number here.

Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

Please mail this form with a voided check to:

**JONAH**  
307 S. Farwell St., Suite 202  
Eau Claire, WI 54701



↑ Routing number    ↑ Account number    ↑ Check number-- do not include

Yes! I would like to become a JONAH Sustaining Member by enrolling in a monthly giving program.

I have enclosed this form and a check for:

- \_\_\_ \$120
- \_\_\_ \$250
- \_\_\_ \$500
- \_\_\_ \$1,000
- \_\_\_ Other: \_\_\_\_\_

Make the check payable to JONAH and send to:

**JONAH**  
307 S. Farwell St., Suite 202  
Eau Claire, WI 54701

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

## Legacy Giving

Please keep JONAH in mind when you are creating or updating your will. You can request that JONAH be given a specific monetary amount or a specific percentage of your estate. For more information please contact the JONAH Organizer at [cvjonahorganizer@gmail.com](mailto:cvjonahorganizer@gmail.com)