

**Honduras Outreach**  
**Bank Account Monthly eGiving**

I would like to begin making my monthly contribution through Bank Account e-Giving with a monthly gift of \$\_\_\_\_\_

I have enclosed a check for my first month's gift. Please transfer my monthly gifts from my bank account. I understand that my future monthly gifts will be transferred directly from my bank account and will appear on my bank statement. If at any time I wish to increase, decrease, or suspend my giving, I can contact Honduras Outreach at 404-327-5768 or e-mail [eGiving@hoi.org](mailto:eGiving@hoi.org)

Please divide my gift in this way:

A. \_\_\_\_\_ \$ \_\_\_\_\_  
B. \_\_\_\_\_ \$ \_\_\_\_\_  
C. \_\_\_\_\_ \$ \_\_\_\_\_

My name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
ZIP \_\_\_\_\_

Daytime Telephone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_

I would like the monthly bank account transfer done on the following date:  
 5<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  20<sup>th</sup>  25<sup>th</sup>

**RETURN TO: HONDURAS OUTREACH ATTN: E-GIVING 4105 BRIARCLIFF ROAD ATLANTA, GA 30345**