



Electronic Funds Transfer (EFT)  
Enrollment Form

To begin monthly EFT donations of \$25 or more, complete this form. Then mail this form and a voided check to:

ATTN: Development Dept.  
1999 Wabash Ave, Suite 201 | Springfield, IL 62704

**1. Yes!** I authorize Christian Horizons (CH) to transfer a monthly gift of \$25 or more from my checking account using the Automate Payment Program of Electronic Funds Transfer.

**2. Enclosed is a voided check.**

**3.** I accept the terms at the bottom of this form and authorize Christian Horizons to electronically transfer \$\_\_\_\_\_ beginning the month of \_\_\_\_\_.

**4.** The day of the month I would like to make my donations is on the:  1st  15th

**5. Your signature is required.** We cannot process your Electronic Funds Transfers without a signature.

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

**6. Select one Christian Horizons Community:**

- |  |   |
|--|---|
| <input type="checkbox"/> Crown Point Christian Village, Crown Point, IN    | <input type="checkbox"/> Safe Haven Hospice, Springfield, IL        |
| <input type="checkbox"/> Hickory Point Christian Village, Forsyth, IL      | <input type="checkbox"/> Spring River Christian Village, Joplin, MO |
| <input type="checkbox"/> Hoosier Christian Village, Brownstown, IN         | <input type="checkbox"/> The Christian Village, Lincoln, IL         |
| <input type="checkbox"/> Lewis Memorial Christian Village, Springfield, IL | <input type="checkbox"/> Wabash Christian Village, Carmi, IL        |
| <input type="checkbox"/> Johnson Christian Village, Bedford, IN            |   |

**7. Select on gift designation:**

Resident Benevolence:  **Current Care**  **Grant me This Fund**  **Resident Care Fund**

Associate Benevolence and Development:  **Associate Benevolent Fund**  **Nurse Scholarship**

**Community Projects**  **Missional and Pastoral Care**

**Inner City Care Program**  **International Compassion**

**8. Please Print:** (Your personal information is secure with Christian Horizons)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**9. Please select one:**  I would like to receive a monthly receipt letter  
 I do not wish to receive a monthly receipt letter.

All donations to Christian Horizons and its communities are tax deductible.

**Monthly Electronic Funds Transfers:** Your contribution will be deducted from your checking account on or about the 1st or 15th of each month, depending on the weekends and holidays. **Funds Availability:** It is your responsibility to maintain a sufficient amount in your checking account on the payment due date. If we are not able to process your payment (for instance, if you have changed banks), we will notify you so you can change your payment option. **Proof of Payment:** The amount and date of your donation will be shown on your monthly bank statement. This is your record of payment. **Account/Address Change:** Please notify us of any bank account modifications or address changes as soon as possible to ensure timely payments. **Cancellation:** Please notify Christian Horizons in writing to cancel this monthly electronic funds transfer.

*Thank you for  
your monthly  
commitment  
and joining in  
our Generosity  
Partnership!*