



(800) 535-8717
(217) 732-9651

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: Donor Relations Dept.
Christian Horizons
200 N. Postville Dr.
Lincoln, IL 62656

- 1. **Yes!** I authorize Christian Horizons (CH) to transfer a monthly gift of \$25 or more from my checking account using the Automatic 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 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"/> Risen Son Christian Village, Council Bluffs, IA |
| <input type="checkbox"/> Fair Havens Christian Home, Decatur, IL | <input type="checkbox"/> Shawnee Christian Nursing Center, Herrin, IL |
| <input type="checkbox"/> Heartland Christian Village, Neoga, IL | <input type="checkbox"/> Spring River Christian Village, Joplin, MO |
| <input type="checkbox"/> Hickory Point Christian Village, Forsyth, IL | <input type="checkbox"/> The Christian Village, Lincoln, IL |
| <input type="checkbox"/> Hoosier Christian Village, Brownstown, IN | <input type="checkbox"/> Wabash Christian Retirement Center, Carmi, IL |
| <input type="checkbox"/> Johnson Christian Village, Bedford, IN | <input type="checkbox"/> Washington Christian Village, Washington, IL |
| <input type="checkbox"/> Lewis Memorial Christian Village, Springfield, IL | <input type="checkbox"/> Christian Horizons, Lincoln, IL |
| | <input type="checkbox"/> Safe Haven Hospice |

7. **Select one gift designation:**

- Journey of Compassion** Gifts provide immediate benevolent care to residents in need and help to meet the ever-changing health care needs of the residents and guests.
- Resident Care Fund** Gifts to this fund are invested and the interest is used to meet the increased cost for those entrusted to our care.
- Ministry Fund** Gifts extend God's grace and compassion to our overall ministry.
- Safe Haven Hospice** Gifts provide hope, encouragement and compassionate care to patients and their families.

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

Name _____
Address _____
City _____ State _____ Zip _____

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

Thank you for your monthly commitment to this ministry!



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.