

**Donation Enrollment and
Authorization for Electronic Funds Transfer**

I/We want to contribute to the Foundation for Help and Hope in order to help Labette Center for Mental Health Services, Inc. achieve their mission of creating hope and opportunities for life change by providing education, support, consultation, and therapeutic behavioral health services to the people and communities of Labette County. Enroll me/us in the Monthly Scholarship Partner Program for one of the following amounts (minimum \$5) to the Labette Center's Foundation for Help and Hope:

\$5 \$10 \$20 \$25 \$35 \$50 Other \$ _____

I/We authorize the Foundation for Help and Hope to debit the amount indicated above each month to my/our account below and the Financial Institution named below, hereinafter called Financial Institution, to debit same to such account. I/We acknowledge the origination of Automated Clearing House transactions to my/our account must comply with the provisions of U.S. law.

Financial Institution

Branch

Address

City _____ State _____ Zip _____

Type of Account: Checking Savings

Routing/Transit Number Account Number

Please enclose a voided check as this will enable us to confirm your routing/transit number and your account number. Thank you.

The initial transaction will be processed at the time the signed consent is received and will then be processed on the first day of each month from that time forth.

This authorization shall remain in full force and effect until Labette Center's Foundation for Help and Hope has received written notification from me, or either of us, of its termination in such time and manner as to afford Labette Center's Foundation for Help and Hope and Financial Institution a reasonable opportunity to act on it.

I understand that a record of my gift will be included in my regular bank statements and will serve as my receipt.

Print Name(s)

Signature

Date

**Please return form and requested documents to:
Labette Center for Mental Health Services, Inc.
PO Box 258
1730 Belmont
Parsons KS 67357**

Or email to:

Lcmhs@lcmhs.com

Thank you for your support!