



Restoring *Hope* Transplant House

New Donation Option with Capitol Bank

Dear Friends,

Since starting the Restoring Hope project, we've had several individuals, families and businesses ask us about whether there was a direct donation option available for those that were interested in making a regular donation on a weekly or monthly basis.

I'm very excited to announce that Restoring Hope Transplant House has recently partnered with Capitol Bank to make this donation option a possibility.

If you're interested in making a regular tax-deductible donation to Restoring Hope, simply follow these instructions regarding the attached Capitol Bank donation form:

- A \$5 fee will be charged for each new transfer that is set up. A separate \$5 fee will be charged for any changes that need to be made.
- If you have any questions regarding how to properly fill out this form, please contact your bank. They will be able to supply you with the Routing Number and Account Number if you do not have that information.
- In the "Transaction" section, please enter the amount you wish to donate to Restoring Hope and specify how frequently (weekly or monthly) you'd like that donation to be made (including day of the week for weekly donations or day of the month for monthly donations). Please also include the start and end (if applicable) date for when you'd like these regular donations to occur.
- This donation option is **ONLY** for those that wish to make regular donations to RHTH. For other donation options, please visit www.restoringhope.org
- After you fill out the donation form, please mail the completed form or return it in person to Capitol Bank.
- This is a tax-deductible donation. You will receive a receipt for each donation.

If you have any additional questions regarding this new donation option or would like to know more about Restoring Hope, please contact me.

Gratefully,

Cindy Herbst | Executive Director

Restoring Hope Transplant House

7457 Terrace Avenue

Middleton, WI 53562

(608) 831-1726

www.restoringhope.org

restoringhope@tds.net



CAPITOL BANK

710 N. High Point Road, Madison, WI 53717 (608) 836-1616 Fax (608) 836-9045

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH TRANSACTIONS)

DEBIT ACCOUNT:

NAME ON _____ DAYTIME _____
ACCOUNT _____ PHONE _____
BANK NAME _____ CITY/STATE _____
ROUTING NO. _____ ACCT.NO. _____ CHK ___ SAV ___



CREDIT ACCOUNT:

NAME ON _____
ACCOUNT Restoring Hope Transplant House
BANK NAME Capitol Bank Madison, WI

Restoring Hope Transplant House
7457 Terrace Avenue
Middleton, WI 53562
(608) 831-1726
www.restoringhope.org

TRANSACTION:

AMOUNT: \$ _____ WEEKLY _____ DAY OF WEEK _____
MONTHLY _____ DAY OF MONTH _____
BEGIN DATE _____ END DATE _____ (or N/A if not applicable)

OTHER INFORMATION:

Fee: \$5 for each new transfer
\$5 for each change

AUTHORIZATION (must be signed by owner of **DEBIT** account):

I (we) authorize Capitol Bank to initiate debit entries to my (our) Checking or Savings account indicated above at the financial institution named above. This authorization is to remain in full force and effect for the number of transactions stated, or until Capitol Bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Capitol Bank a reasonable opportunity to act on it. With questions on this document please contact Capitol Bank Deposit Operations Department at 608-836-1616.

Please enclose a voided check from the account provided above to validate this ACH agreement.

SIGNED _____ **DATE** _____

ADDRESS _____

CITY/STATE/ZIP _____

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BANK EMPLOYEE INITIALS _____