



Potter's Inn

Spiritual Formation and the Care of the Soul

4050 Lee Vance View • Colorado Springs, CO 80918

Monthly Automatic Support

I would like to give my monthly donation via:

Checking Account: Account # _____ (Please include a voided check)

9-digit Routing # _____

Savings Account: Account # _____

9-digit Routing # _____

Credit Card (VISA or MasterCard) #: _____

Exp Date: ____/____

Dollar Amount to be Withdrawn Monthly: \$ _____

Month to start donation withdrawals: _____

I want my donation withdrawn (check one) on the: 5th 20th of the month

First Name _____ Last Name _____

Signature _____ Date _____

Phone _____

Please send my receipts via e-mail to _____