



Monthly Giving Program – EFT Authorization Form

To support the Annual Fund – fast, easy and secure!

Monthly Gifts are Sustaining Gifts

- + Automatically charged to your credit or debit card, or directly from your bank account.
- + Supports all patient services and preventive health screenings, education and other services offered to those in need who have limited or no access to health care.

Why make a Sustaining Gift?

- + Ease and convenience – gifts charged automatically to your account each month (until you tell us to stop).
- + Budget impact – reduces postage and mailing costs; enables Southcoast Health to spend less on overhead, directing more money toward the program you rely on.
- + Long-term impact – spreading your support over time is easier on your budget and ensures ongoing, reliable revenue for the programs that are important to you.

Is a Sustaining Gift reliable?

Yes, it is safe and secure. Southcoast Health is PCI-compliant and stores only enough of your information to complete each transaction.

How do I set up a recurring gift?

Complete the form below with your signature and return it to Southcoast Health Philanthropy Department.

When will I receive a receipt?

You will receive one consolidated receipt for your sustaining gifts. Receipts emailed in late January for gifts made the previous calendar year. If you prefer a hard copy, please contact us.

What happens if I have an updated account number or I want to modify my gift?

If you change your credit/debit card or bank account information, please call us at **508-973-5359** if you wish to change accounts or participation.

Southcoast Health Monthly Giving Program — EFT Authorization Form

To begin or modify your sustaining gift, simply complete this authorization form, attach a voided* check and return it to the following address:

Southcoast Health Philanthropy Dept.
101 Page Street, New Bedford, MA 02740

Name _____

Address _____

City/ST/Zip _____

Phone _____ Email _____

Please designate my gift to:

- Charlton Memorial Hospital
- St. Luke's Hospital
- Tobey Hospital

Until further notice, I authorize Southcoast Health to charge/deduct from my account as follows:

Amount \$_____ each installment

Frequency: Monthly Quarterly Annual

Signature: _____

**If you no longer use checks, please provide:*

Routing # _____

Account # _____

Contact Information:

Donna Roy, Manager, Annual Fund
Southcoast Health Philanthropy
101 Page Street, New Bedford, MA 02740
508-973-5359 • Email: royd@southcoast.org