



Yes, I would like to enroll in Friends of Sistercare Automatic Monthly Giving Program to help battered women and their children in the South Carolina Midlands throughout the year. Here is my commitment...

_____ \$10 monthly _____ \$15 monthly _____ \$25 monthly _____ \$50 monthly _____ (other) monthly

I authorize Sistercare, Inc. to deduct \$ _____ monthly on the third day of each month from my checking account.
(I understand that I can change or cancel my commitment at any time simply by contacting Sistercare.)

Signature _____ Date _____

(A record of your monthly payment will be included in your regular bank statement and will serve as your receipt. Sistercare will issue you a tax receipt at the end of the year for all of your donations during the year.)

Please include and mail the following in the enclosed self-addressed envelope:

Sistercare, Inc.
P.O. Box 1029
Columbia, SC 29202
(803) 926-0505
www.sistercare.com

- ▶ This completed form
- ▶ A voided check from your checking account
(Simply write VOID on one of your checks)

