

AUTOMATIC DONOR PROGRAM

We are able to facilitate your recurring gifts through our **AUTOMATIC DONOR PROGRAM**.

First and Last Name

Address

City/State/Zip

Phone

Email

AUTOMATIC DONOR PROGRAM I have attached my voided blank check to this form and/or my credit card information is completed below. My signature serves as authorization of my continuing gift until I choose to discontinue this donation.

Total amount of Gift \$ _____

\$ _____ will be deducted on _____ of each month beginning
Date of planned withdrawal/charge

_____ and continuing through _____
Month/Year Month/Year

Please check payment method

Checking account *(I am enclosing a voided blank check.)*

Credit Card Discover Visa MasterCard American Express

Name _____ Card# _____ Exp. Date _____ 3-Digit Code _____
(As it appears on card) *(As shown on back)*

Signature

“We make a living by what we get, but we make a life by what we give.”

— Winston Churchill

