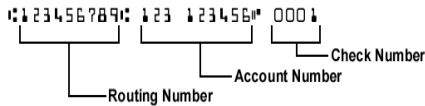


AUTHORIZATION FORM

FOR OFFICE USE ONLY	DONOR #: _____	DATE: _____
Name of the organization: _____		
Last Name		First Name
Address		
City		State Zip
Email Address		
DONATION:		
Date of first donation: ____/____/____ Date of last donation (optional): ____/____/____	Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time	Amount of first donation: \$ _____ Amount of last donation (optional): \$ _____
Please debit donations from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 	
AGREEMENT I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____		

Please staple voided check here.