

DONOR DONATION METHOD UPDATE

PAYMENT OPTIONS AND TERMS

If you would like to enjoy the convivence of automatic donations, simply complete the ACH or Credit/Debit section below and sign the form. All requested information is required. Upon approval, we will automatically bill your account for the amount indicated and your total donation will appear on your monthly credit card or checking statement. You may cancel this automatic donation authorization at any time by contacting us.

Donor Name:	Donor Phone Number:
I authorize International Promise Found	ATION TO AUTOMATICALLY BILL THE CARD LISTED BELOW AS SPECIFIED:
AMOUNT \$	FREQUENCY: MONTHLY ANNUALLY END DONATIONS WHEN DONOR PROVIDES WRITTEN NOTICE.
ACH (CHECKING/SAVING ACCOUNT)	
BANK INSTITUTION:	Name on Account:
ROUTING NUMBER:	ACCOUNT NUMBER:
CREDIT/DEBIT CARD (ADDITIONAL \$2.00 PROC	EESSING FEE)
CREDIT CARD TYPE:	NAME ON ACCOUNT:
Card Number:	Expiration Date:
SIGNATURE	 Date