



DONATION/ENROLLMENT FORM

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Donation Amount:

- Weekly Bi-weekly Semi-monthly Monthly
 \$100.00 \$50.00 \$25.00 \$10.00 \$5.00 Other _____
 One Time \$ _____

Method of Payment:

- Check Credit Card ACH Debit

Credit Card Information:

- Visa Card Number _____
 Master Card Name on Card _____
 American Express Code (3 digit) _____
 Discover

ACH Bank Information: Bank Name _____
Routing Number _____
Account Number _____

Signature _____ Name (Print) _____