



CHILD ADVOCACY CENTER MONTHLY GIVING PROGRAM

**Donor**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ City \_\_\_\_\_  
Email \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Recurring Gift Information**

Gift Amount \$ \_\_\_\_\_

Frequency  Monthly on the 5<sup>th</sup>  Monthly on the 20<sup>th</sup>

**Gift Designation**

Your gift will support our Annual Campaign unless you instruct otherwise.

Optional Designation \_\_\_\_\_

**Bank Account Authorization**

The Child Advocacy Center, Inc., Federal ID 43-1729078, is authorized to initiate debit entries to the account at the bank identified below according to the Recurring Gift Information terms. The origination of ACH transactions to this account must comply with U.S. law provisions.

Account Type { } Checking { } Savings

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

*Please provide a voided check or deposit slip to verify your bank routing and account numbers.*

**Credit Card Authorization**

The Child Advocacy Center, Inc., Federal ID 43-1729078, is authorized to charge the credit card identified below according to the Recurring Gift Information terms.

Card Name \_\_\_\_\_ Card Type \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

**Term of Authorization**

This authorization will remain in effect until the Child Advocacy Center receives written notification from the donor of its termination. Please allow a reasonable opportunity to act on your notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_