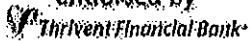


AUTHORIZATION FORM

The Simply Giving Program
 endorsed by


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: _____ ⑆123456789⑆ 123 1234567 0001 └─── Routing Number └─── Account Number └─── Check Number	
AGREEMENT I authorize the above organization and Vanco Services, LLC 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.