



## Monthly Donor Program Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I commit to make a monthly contribution of \$ \_\_\_\_\_ via:

Check \_\_\_\_\_ Electronic Funds Transfer \_\_\_\_\_

(Note that upon receiving this form we will mail you an EFT form if you select this option.)