

Sustaining Member Enrollment Form

Please print, complete, and return this form to enroll as a sustaining member.

Personal Information

First Name:

Last Name:

Street Address:

City:

State / Province:

Postal / Zip Code:

Phone Number:

Email Address:

Gift Support Details

Monthly Contribution Amount (\$):

Preferred Start Date (MM/DD/YYYY):

Payment Method

Option A: Credit / Debit Card

Card Type (Visa, Mastercard, Amex, Discover):

Name on Card:

Card Number:

Expiration Date (MM/YY):

Security Code (CVV):

Option B: Direct Bank EFT (Electronic Funds Transfer)

Bank Name:

Routing Number:

Account Number:

Account Type (Checking or Savings):

Authorization and Signature

I authorize this organization to charge my account indicated above on a recurring monthly basis for my sustaining membership.

Authorized Signature (Sign here after printing):

Date (MM/DD/YYYY):

