



# Direct Giving Plan

E-check & Credit Card Donation Authorization Form

## Donor Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Donation Information

Please divide my gift in this way: (associate or project name)      Monthly gift amount:

A. \_\_\_\_\_ \$ \_\_\_\_\_

B. \_\_\_\_\_ \$ \_\_\_\_\_

C. \_\_\_\_\_ \$ \_\_\_\_\_

Total monthly deduction will be: \$ \_\_\_\_\_

## Only complete the section below that corresponds to your payment method

E-check Donations	Credit/Debit Card Donations (Visa, MasterCard, Discover & American Express)
Bank Name: _____ Bank Routing Number: _____ Bank Account Number: _____ Please return form with a check for your first month gift	Card Type:      Visa    MasterCard    Discover    American Express Card Number: _____ Expiration Date: _____      Security Code: _____ Name on the Card: _____

## Authorization

I would like to begin making my monthly contribution through e-check or credit card as indicated above with at total monthly gift of \$ \_\_\_\_\_. Please transfer my monthly gifts from my bank account or credit card as indicated above. I understand that my future monthly gifts will be transferred directly from my bank account or credit card and will appear on my bank or credit card statement. If at any time I wish to increase, decrease or suspend my giving, I can contact Global Service Network at 1-919-249-0146 or email at give@globalservicenetwork.org.

I would like my donations drafted on the follow date each month:      5th      20th

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