

# Angeline Endowment Fund

"People Helping People"

## Authorization Form

### Contributor Information

Your Name \_\_\_\_\_ Soc. Sec. No. # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

### Bank/Credit Union Information

Bank/Credit Union Name \_\_\_\_\_ Routing # \_\_\_\_\_

Branch \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ Account is a \_\_\_ Checking \_\_\_ Savings

Bank Telephone (\_\_\_\_) \_\_\_\_-\_\_\_\_\_ (Telephone Numbers are required)

### Contributor Method

\_\_\_ Please deduct \$ \_\_\_\_\_ from my \_\_\_ Checking \_\_\_ Savings account each week.

\_\_\_ Please establish my donation. I will use my telephone to enter the amount of my donation.  
( You may use any Touch Tone Telephone to direct your donation into any of the available funds.)

### Authorization

I hereby authorize to deduct my donation(s) \_\_\_\_\_  
from the account listed above. I understand that I control my donations, and I will notify  
you if at any time I decide that I would like to discontinue this donation service.

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

## Thank You

You will be included on the donation list for one year after your first gift is received!