



Please complete and mail to: Interserve USA | PO Box 418 | Upper Darby, PA 19082

I am interested in supporting _____

I would like to send in a **single gift** in the amount of:
\$ _____ to their () **outfitting** or () **support**.
My checking account or credit card information is below, or I have enclosed a check.

I would like to pledge \$ _____ () **monthly*** () **quarterly** () **yearly** (Choose one)

Please complete the following:
Donor name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

*I would like to set up repetitive **monthly** giving in the amount of:
\$ _____ to be taken from my () Bank Account OR () Credit Card (check one)
On the () 3rd or () 18th (check one) day of the month beginning _____.
My bank account or credit card information is below.

EFT/Direct Debit Giving

Please enclose a Voided Check (for EFT only) **or provide the following:**

CHECK TYPE: (circle) Personal/Corporate ACCOUNT: (circle) Checking/Savings
Name as it appears on your Bank Account: _____
Bank Name _____ Routing # _____ Account # _____
Signature Required _____ Date: _____

Credit Card Giving

() Visa () MasterCard () Discover () American Express
Name **AS IT APPEARS** on your Credit Card: _____
My Credit Card number is _____
Signature Required _____ Exp. Date: _____