

ELECTRONIC GIFT TRANSFER AUTHORIZATION

BlackGenocide.org

To authorize LEARN to electronically deduct regular gift amounts from your checking or savings account, please fill out the form below and mail it to the address at page bottom.

Name _____ Donor ID # (if known) _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

I hereby authorize LEARN to initiate debit entries to my account as indicated below.

Signature _____ Date _____

2nd Signature (if joint account) _____ Date _____

Deduct from (circle one) *Checking* *Savings*

Name of Financial Institution _____

Address / Branch Office _____

City _____ State _____ Zip _____

IMPORTANT: You must enclose a voided check bearing the account number of the checking or savings account indicated above.

I wish to make a monthly gift payment of \$ _____ (to be posted to your account around the 5th of each month).

Continue this gift for a period of (circle one) *12 months* *24 months* *36 months* *until cancelled**

UNLESS INDICATED BELOW, YOUR GIFT WILL GO TO OUR GENERAL FUND. TO GIVE TO A SPECIFIC FUND OR PROJECT, PLEASE INDICATE BELOW.

Please apply my gift to _____

** To cancel your electronic giving please send us written notification or email us at prophetCleo@aol.com. Email cancellations will be verified by telephone.*

L.E.A.R.N. Northeast
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