



One-Time Gift

Name (as I wish to be listed in any print or electronic publications, may include spouse):

Home Address (Street, City, State & Zip): _____

_____ Cash or Check for \$ _____. (Please make checks payable to Canton-Inwood Area Health Foundation.)

_____ I would like to use my: _____ Visa _____ MasterCard _____ American Express _____ Discover

Please charge \$ _____ to my credit card.

Card number _____ Expiration Date: _____ Security Code: _____

Signature: _____

_____ I would like to make a one-time ACH debit for \$ _____.

Bank Name: _____

Bank Address: (Street, City, State & Zip): _____

Bank Routing Number (between symbols I: I: on bottom left corner of check): _____

Account Number: _____ _____ Checking _____ Savings

*****Please attach a voided check or savings deposit slip*****

AUTHORIZATION

I, (name) _____, authorize Canton-Inwood Area Health Foundation to initiate automatic debit entries to the account at the bank listed above. I authorize the initiation of credit entries, if necessary, to complete adjustments for any duplicate or erroneous entries made in error to the account listed above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This Authorization Agreement will remain in effect until I notify you in writing to cancel or change it, and in such time, as to afford the financial institution a reasonable opportunity to act on it. By signing this authorization I hereby acknowledge receipt of a copy of this signed Authorization Agreement.

Name (Please Print) _____

Signature of Debiting Account Holder

Date

All gifts are tax deductible to the fullest extent of the law.