



AUTOMATIC DONATION PROFILE

DONOR ID

This form is only for those wishing to set up automatic donations.

AUTOMATIC DONATION SET-UP OPTIONS:

1. Complete this form and return it to the address below.
2. Call the Office at (434) 485-7007 and a team member will gladly setup your donations for you.

YOUR SPONSORSHIP DETAILS

<input type="checkbox"/> SPONSORSHIP FOR: (USE IDS IF KNOWN)	\$	YOUR TOTAL MONTHLY DONATION \$
<input type="checkbox"/> STAFF SUPPORT:	\$	
<input type="checkbox"/> GENERAL OPERATIONS:	\$	

BILLING INFORMATION

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____

Please select your preferred payment option and complete the coordinating information

BANK ACCOUNT (PLEASE INCLUDE A VOIDED CHECK)

NAME ON ACCOUNT	BANK NAME
ROUTING NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ACCOUNT NUMBER
MONTHLY PAYMENTS ARE TO BEGIN IN:	DAY OF THE MONTH <input type="checkbox"/> 15TH <input type="checkbox"/> 28TH

CREDIT CARD

NAME ON CARD	EXPIRATION DATE
CARD NUMBER	CVV NUMBER

I/we hereby authorize PNC to initiate EFT debit entries (withdrawals) from my/our checking account for credit to Gospelink, Inc. This authority will remain in effect until I/we notify Gospelink, Inc. in writing otherwise. I/we realize that any future changes to the information on this form or to the deduction amount must be received by Gospelink in writing 15 days prior to the monthly auto-withdrawal date in order to be implemented. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

SIGNATURE _____ DATE _____