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**Please provide core support through monthly Electronic Fund Transfer (Membership included)**

I want my bank to transfer monthly donations to Feminists for Life of America. My authorization to charge my account shall be the same as if I had personally signed a check to FFLA. This authorization shall remain in effect until I notify FFLA or my bank in writing that I wish to end this agreement and FFLA or my bank has had a reasonable amount of time to act on my request. A record of each charge will be included in my regular bank statements and will serve as my receipt.

**PLEASE CHOOSE ONE:**

Amount of monthly pledge ($5.00 minimum) $\_\_\_\_\_\_\_\_\_\_\_

I want to increase my current monthly donation to FFL from $\_\_\_\_\_\_\_\_\_\_ to $\_\_\_\_\_\_\_\_\_)

***Be sure to include a voided check*** *from your account to show the bank’s address and your account number.*

*Electronic fund transfer will begin the first business day of the month after receipt. THANK YOU!*

PRINT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAIL THIS FORM TO: FFLA**

**PO Box 151567**

**Alexandria, VA 22315**

**You may also sign up online for monthly donations using credit card by going to www.feministsforlife.org/support**