



Monthly Giving Authorization Form

With your permission, BRIDGES will charge your credit card or debit your checking account a specified amount each month (\$5 minimum). BRIDGES will provide a year-end statement confirming your total annual tax-deductible contributions. You can stop your participation at any time by contacting us at (901) 260-3724.

DONOR INFORMATION (*required information)

Name*: _____

Address*: _____

City*: _____ State*: _____ Zip Code*: _____

Phone*: _____ Email*: _____

My Company will match! (Enclosed is my company's matching gift form)

DONATION INFORMATION

Date of First Monthly Donation*: _____ Monthly Gift Amount (\$5.00 minimum)*: _____

Frequency of Donation*: (check only one) Monthly on or about the 1st Monthly on or about the 15th

HOW WOULD YOU LIKE TO MAKE YOUR MONTHLY DONATION?

Electronic Funds Transfer (EFT) • Have your gift automatically transferred from your checking account

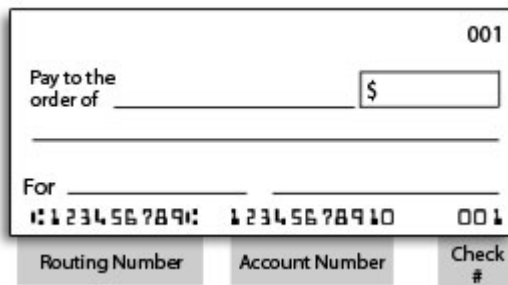
Name on Account *: _____

Routing Number*: _____

Account Number*: _____

I authorize BRIDGES to debit my account with the information above.

Signature*: _____ Date*: _____



Credit Card • Have your gift automatically charged to your credit card every month

Card Type*: VISA MasterCard American Express Discover

Card Number*: _____ Card Exp (MM/YYYY)*: _____

Name as it appears on card*: _____

Billing Address (if different)*: _____

I authorize BRIDGES to charge my credit card with the information above.

Signature*: _____ Date: _____

Please return this form to: BRIDGES, Attn: Development 477 N. Fifth Street—Memphis, TN 38105