



Yes, I want to make a donation to Voluntary Action Center.

NAME: _____ PHONE: _____

ADDRESS: _____

I would like this donation to (please select one):

Support VAC's services and programs, to make an impact in our community now.

Support VAC's endowment fund, to invest in the future of VAC.

Please select a payment option:

I hereby authorize the Voluntary Action Center and their bank to initiate monthly debit entries (ACH Debits) to my bank account as indicated below:

AMOUNT: \$ _____ to be debited on or after the 15th of every month from my checking account.

BANK NAME: _____

BANK ADDRESS: _____

ROUTING #: _____ ACCOUNT #: _____

Please attach a voided check to this document.

This authority is to remain in full force until the Voluntary Action Center has received written notification from me of its termination. I understand that the Voluntary Action Center must receive the termination notice a minimum of 14 business days prior to the desired termination date.

SIGNATURE: _____ DATE: _____

At this time, I am not able to sign up for Direct Donation payments; however, I would like to make a one-time donation to the Voluntary Action Center.

ENCLOSED IS A CHECK FOR: \$ _____ CHECK NUMBER: _____