

DONATE BY MAIL FORM



Step 1: Provide your donor information

Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ E-mail _____

Step 2: Choose the frequency of your gift

Arch Sponsor Monthly Gift
 \$10 \$25 \$50
 \$75 \$100 Other Amount \$ _____
 One-Time Gift \$ _____

Step 3: Choose your donation option (A, B, or C below)

A Checking or Savings Withdrawal *(for Arch Sponsor Monthly Gifts only)*

I hereby authorize Novitas Foundation to debit my: **Checking Account** **Savings Account** at the financial institution named below for the monthly pledge amount marked above.

I am enclosing *(required for checking accounts):*

A check or sharedraft in the monthly pledge amount A voided check or sharedraft

I would like my monthly pledge to be withdrawn from my account on the _____ of each month (any day from the 2nd through the 28th of each month).

Name of financial institution _____

My financial institution's routing number _____

My account number _____

For savings accounts, please check with your financial institution to determine if your savings account can be used for this type of transaction.

B Credit or Debit Card

To accept and process your contribution by credit card, all information must be completed.

I hereby authorize that my contribution of \$ _____ be charged to my: Visa MasterCard American Express

Name *(print as it appears on card)* _____

Card Number _____ Expiration Date ____ / ____ Card Security Code _____
(ON BACK OF CARD)

Cardholder's Name _____ Cardholder's Signature _____

For Arch Sponsor Monthly Gifts Only

I hereby authorize Novitas Foundation to charge my credit/debit card listed above on a monthly basis. I would like my monthly pledge charged to my card on the _____ of each month (any day from the 2nd through the 28th of the month).

I understand that this authorization to debit or charge my account for my monthly pledge amount will remain in effect until I notify Novitas Foundation in writing or by phone that I wish to end this agreement, allowing Novitas Foundation reasonable time to act on it, or until Novitas Foundation has sent me 10 days' written notice that they wish to end this agreement. Novitas Foundation address and phone number for notification: Novitas Foundation, Attn: Sponsor Relations Department, 8502 E. Chapman Ave., #632, Orange, CA 92869, 714.515.5615.

Signature _____ Date _____

C I want to pay by check I am including my check payable to Novitas Foundation

Step 4: Mail form to Novitas Foundation, 8502 E. Chapman Ave., #632, Orange, CA 92869