



## Donor Enrollment and Authorization Form

**Return form to:**

**ES10603**

Songea's Kids  
 3020 Issaquah Pine Lake Road SE #539  
 Sammamish, WA 98075

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
----------------------------	-------------------------	-------------

Effective date of authorization: _____	
Type of Authorization Form:	<input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date

Last Name	First Name
Address	
City	State                      Zip

<b>DATE OF FIRST DONATION:</b> _____ / _____ / _____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually  <input type="checkbox"/> One-Time	<b>FUND AND DONATION AMOUNT:</b> <input type="checkbox"/> Greatest Needs                      \$ _____ <input type="checkbox"/> Basic Needs                              \$ _____ <input type="checkbox"/> Education/Scholarship \$ _____ <input type="checkbox"/> Hope Village                              \$ _____
---	--	---

Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
---	--

I authorize the above organization and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CREDIT CARD</b>	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization and Vanco Services, LLC to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____	