



Lacy Foundation Donation Form and Direct Payment Authorization

Below are 3 options to giving to the Lacy Foundation.
Give when you desire or give monthly.

1. I authorize the Lacy Foundation to debit my checking account monthly:

Checking account (attached voided check)

Financial institution name _____

Routing number _____ Account number _____

For payment of my pledge monthly, I would like the amount of \$ _____ deducted from the above account on the (select one) 1st 15th of each month.

2. I authorize the Lacy Foundation to debit my debit or credit card monthly or one time:

Credit or Debit Card, Credit Card Type (AMEX, VISA, MasterCard, Discover)

Credit Card Number _____ Exp Date _____ CVC Code _____

Name on Card _____

Billing _____

Address _____ Phone _____

Total Pledge: _____ Paid Monthly or Annually (circle one)

3. Attached is our donation in the form of a Check (# _____) to the Lacy Foundation in the amount of \$ _____.
Join "Lacy for Life" by making a direct contribution of \$500 or a minimum monthly contribution of \$45 per month.

4. Does your employer match charitable donations?

____ YES _____ NO _____ Unknown _____ Not applicable _____

If yes, list percent matching: _____ % or other: _____

Company Name: _____

Company contact name: _____

Company contact email: _____; phone: _____

Please visit <http://www.lacyfoundation.org/> for information around employer charitable matching.

I acknowledge that the origination of Automated Clearing House (ACH) transactions or credit card transactions to my account must comply with the provisions of U.S. law. This authorization will remain in effect until Lacy Foundation receives written notice of my termination.

We also offer secure online payments through PayPal. www.lacyfoundation.org

Name _____

Signature _____ Date _____