Lacy Foundation Donation Form and Direct Payment Authorization

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.

1. 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)

1. Attached is our donation in the form of a Check (# ) to the Lacy Foundation in the amount of $\_\_\_\_\_\_\_\_
2. 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](http://www.lacyfoundation.org)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_

The Lacy Foundation, 2001 Lake Boone Trail, Raleigh, NC 27607

The Lacy Foundation is an IRC 501 (c)(3) Tax exempt charity. Tax ID-56-2272645

[www.lacyfoundaton.org](http://www.lacyfoundaton.org) | lacyfoundaton@gmail.com