



Installment Giving Program Enrollment Form

Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

I will make an ongoing monthly gift of \$_____ per month.

I will make a total gift of \$_____ in _____ monthly installments of \$ _____

Make my installments via Automatic Credit Card payments:



Mastercard VISA

Card number: _____ Expiration Date: _____

Signature: _____

Make my installments via Electronic Funds Transfer:

Checking (please attach a voided check) Savings

Bank Name: _____

Bank Address: _____

Routing number: _____ Account number: _____

Authorization

With my signature, I authorize the Scleroderma Foundation to initiate debit entries to the indicated account or credit card each month for the amount stated above. This authority will remain in effect until I notify the Scleroderma Foundation of any change or cancellation in writing, and they have adequate time to act on my request.

All installment plan payments will be processed on the 15th of the month or the following business day.

Signature: _____

Date: _____

My gift is given (check one): in honor of in memory of

Name: _____ Please notify: _____

Donors of \$25 or more annually can be acknowledged as members: I am not interested in member benefits.

Mail to: Jaye van Dussen, Development & Grant Manager, Scleroderma Foundation, 300 Rosewood Drive, Suite 105, Danvers, MA 01923