

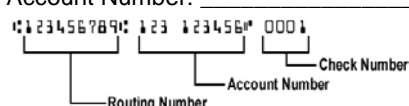
ELECTRONIC DONATION AUTHORIZATION FORM

Sunday Breakfast Association, Inc (Sunday Breakfast Rescue Mission)

ES9565

Please complete this form to authorize Sunday Breakfast Rescue Mission to deduct a one-time or recurring gift from your checking/savings account or credit/debit card. Gifts will be processed by Vanco Services. **Please staple voided check over credit card section below if using checking account.** This form can also be completed online at www.sundaybreakfast.org.

Fax: (215) 922-5744, Attn: Accounting Phone: (215) 922-6400 x104 Mailing Address: PO Box 297, Philadelphia, PA 19105

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
Email		Phone
DATE OF FIRST DONATION: _____/_____/_____	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> One Time	DONATION AMOUNT: \$ _____ General Fund \$ _____ Women's Fund \$ _____ TOTAL
CHECKING / SAVINGS	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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
	I authorize Sunday Breakfast Assoc, Inc 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: _____	
CREDIT CARD	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 Sunday Breakfast Assoc, Inc and Vanco Services, LLC to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____	
FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE

A copy of the official registration information of the Sunday Breakfast Rescue Mission may be obtained from the Pennsylvania Department of State by calling toll-free within Pennsylvania, 1-800-732-0999.