



Alpha Omicron Pi Foundation

SECURING THE FUTURE

Monthly Donation Authorization Form

I authorize Alpha Omicron Pi Foundation to withdraw:
\$_____ from my *checking account by automatic bank draft.* (You must attach a voided check to this form.)

I authorize Alpha Omicron Pi Foundation to charge:
\$_____ from my *credit or debit card automatically each month.*

I would like this draft/charge to occur on the:

- 1st day of each month
- 15th day of each month

I understand that there is a \$5.00 per month minimum donation. I also understand that withdrawals/charges will continue until I cancel this agreement and that my monthly bank or credit card statement will serve as a receipt for my monthly donations.

Name: _____

Address: _____

City, State & Zip: _____

Chapter: _____

Phone: _____

Email Address: _____

Bank Name: _____

Credit Card Type: Visa/MC/American Ex/Discover

Exp Date: _____ CV code: _____

Credit Card Number: _____

Signature: _____ Date: _____

**Please mail this completed form to:
Alpha Omicron Pi Foundation
5390 Virginia Way Brentwood, TN 37027**