

Planned Giving – Recurring Donation Program

Donor Information:

Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Alt. Phone: _____

Email Address: _____

I would like to give automatic monthly donations through the Planned Giving – Recurring Donation Program. Please deduct, on the 15th of each month, the following from my credit card:

Visa Mastercard American Express

Start Date: _____ Amount per Month: \$ _____ (\$10 minimum)

Account #: _____

Exp. Date: _____ Verification No: _____

Name on Credit Card: _____

Billing Address and Zip Code (credit card billing address)

Phone No. (on file with credit card company): _____

I authorize the Sandra J. Wing Healing Therapies Foundation to charge my credit/debit card on a monthly basis. This authority will remain in effect until I give reasonable notification to terminate this authorization.

The Sandra J. Wing Healing Therapies Foundation, a 501 (c) (3) tax exempt organization, is supported entirely by generous donations. Donations are tax-deductible to the extent provided by law.

Authorized signature: _____ Date: _____

ADDITIONAL OPTIONAL INFORMATION

For Donor (**Donor's Name**): _____

This gift is in honor of: _____

Address of honoree: _____

City/State/Zip Code of honoree: _____

This gift is in memory of: _____

Does your company or place of business match your donation?* Yes No

*If yes, please contact your employer to request a matching funds form

Name of business: _____

If you want your donation to be anonymous, please check here:

If you want to be removed from our mailing list, please check here: