

**I WANT TO DONATE \$ \_\_\_\_\_ PER MONTH.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Do you work for a matching gift company?

Y N Company Name \_\_\_\_\_

**Questions?** Call Cheryl Pompeo at 267-708-0510

or email Cheryl@takeabreakfromcancer.org.

*This gift will be a recurring gift. You may notify our office at any time to cancel it.*

## CREDIT CARD

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Visa MasterCard American Express Discover

## BANK WITHDRAWL

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

I understand charges will occur monthly until my credit cards expires or until FPS has received notice from me of its termination in such time and manner to afford FPS a reasonable opportunity to act on it. For ACH withdraws, I agree to pay a fee of \$10.00 for each debit returned unpaid. The Company reserves the right to cancel this authorization if more than two debits are returned unpaid.

**Return form to 620 West Germantown Pike,  
Suite 250, Plymouth Meeting, PA 19462**

