

I would like to support the work of _____.

Account Designation

My gift of \$ _____ is enclosed.
(Please make checks payable to Charity Pilot.)

Please process my donation as indicated below.

Name: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____ - _____ Email: _____

Please process my:

One-time gift of \$ _____

Monthly gift of \$ _____ beginning on the: 1st or 15th of the month.

You may charge my credit card: Visa MasterCard Discover

Card Number: _____

Expiration: _____ CVN: _____ (3 digits from the back of the card)

Bank draft donors, please enclose a voided check or complete this section.

Please debit my account at the following bank: _____

Account Number: _____ Routing Number: _____

Signature: _____ Date: _____

Terms of agreement: My authorization to charge the amount indicated to my credit card or from my bank account shall be the same as if I had personally signed a charge authorization or check made payable to Charity Pilot. This authorization shall remain in effect until I notify Charity Pilot in writing that I wish to end this agreement, which I may do at any time by emailing donations@allegrosolutions.org.

Charity Pilot ▪ www.charitypilot.org
321 BLast Off Circle, Houston, TX 76543

Give online at: www.charitypilot.org