



# Monthly Giving Authorization Form

*Camp Amnicon*

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

ZIP \_\_\_\_\_

Monthly Donation Amount: \$ \_\_\_\_\_

Date of first donation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Frequency of donation: \_\_\_ Monthly on the 1st \_\_\_ Monthly on the 15th

Donation Withdrawal Account Type:

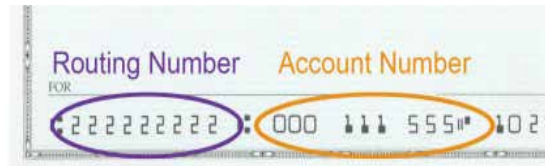
\_\_\_ Checking Account \_\_\_ Savings Account \_\_\_ Credit Card

### Checking/Savings Account Info:

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

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_



### Credit Card Account Info:

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ AMEX \_\_\_ Discover Card

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

*I authorize Camp Amnicon and its merchant service providers 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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print this form and mail to:  
Camp Amnicon 8450 E. Camp Amnicon Rd. South Range, WI 54874  
715-364-2602 info@amnicon.org