



Donor Form Instructions

If you would like to set up a recurring donation via a credit/debit card, please fill out the "Recurring Donation Authorization" form.

For a recurring donation taken from a checking or savings account, please use the "Bank Transfer Authorization" form.

For either option, print the form, fill it out, and return it to us:

- By mail: 22 2 None, PO Box 410, Mancelona, MI 49659
- By email: info@222none.org

Thank you for your support!



P.O. Box 410
Mancelona, MI 49659
info@222none.org

Recurring Donation Authorization Form

If you would like to enjoy the convenience of automatic recurring billing simply complete the credit/debit card information section below, sign the form, and return it to us via mail or email at the address listed above. All requested information is required. Upon approval, we will automatically bill your credit/debit card for the amount indicated and your total charges will appear on your monthly credit/debit card statement. You may cancel this automatic billing authorization at any time by contacting us.

customer merchant

Customer Information (to be completed by merchant)

Customer/company _____

Contact name _____ Account number _____

Email address _____ Phone () - Ext: _____

Payment Information (to be completed by merchant)

I authorize _____ to automatically bill the card listed below as specified:

Product/service description _____

Recurring amount _____

Frequency (check one) Once Daily Weekly Twice/month Monthly Quarterly

Start on _____ End on: (check one) _____
Month / Day / Year Month / Day / Year

No end date

Credit Card Information (to be completed by customer)

Card type MasterCard VISA Discover AMEX Other _____

Cardholder name _____ Cardholder ZIP Code _____
(as shown on card) (from credit card billing address)

Card number _____ Expires _____ / _____

Notify me via email when my credit card is charged. (Make sure email address above is correct.)

Customer's signature _____

Date _____



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Bank Transfer Authorization Form

I authorize _____ to electronically debit my bank account according
Business name
to the terms outlined below. I acknowledge that electronic debits against my account must
comply with United States law.

Terms of billing:

- One time on _____ for the amount of \$ _____.
mm/dd/yy
- Starting on _____ and on the _____ of each month through _____
mm/dd/yy day of the month mm/dd/yy
for the amount of \$ _____.

Customer bank account information:

_____ Routing number Account number

Account type: Checking Savings Consumer Business

This payment authorization is to remain in effect until I, _____, notify
Customer name
_____ of its cancellation by giving written notice in enough time for the
Business name
business and receiving financial institution to have a reasonable opportunity to act on it.

_____ Customer signature Customer printed name Date