



# Recurring Donation

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

Your Name: \_\_\_\_\_ Member # \_\_\_\_\_ (if applicable)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

## Schedule

Monthly Donation Starting Date \_\_\_\_\_ / 10\* / \_\_\_\_\_

Ending Date (if applicable) \_\_\_\_\_ / 10\* / \_\_\_\_\_

\*Must begin on the 10th day of the month

## Department Designation

(Please designate which department is to benefit from your generous ongoing donation)

Wherever the need is greatest \$ \_\_\_\_\_

Jewish programs \$ \_\_\_\_\_

Other (circle one: Maccabi scholarships, preschool scholarships, children with special needs, community musical theater) \$ \_\_\_\_\_

TOTAL DONATION PER MONTH \$ \_\_\_\_\_

## Payment Method

MasterCard     Visa     American Express

Name on Card: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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

## Authorization for Direct Electronic Fund Transfer (EFT)

I authorize the JCC to initiate a charge to the account noted above on a recurring charge. This authorization is to remain in effect until the date specified above, or until the JCC has received written notice from me.

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

Staff Member Completing Request: \_\_\_\_\_ Date: \_\_\_\_\_