



## Monthly Giving Program Change Form

Please complete the following to change your Monthly Giving Program: *(Please print clearly)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ I would like to **INCREASE/DECREASE** (please circle one) my automatic donation

from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Please make this change effective on \_\_\_\_\_

\_\_\_\_\_ I would like to change my **CREDIT CARD** to: Visa / Mastercard / Amex *(Please circle)*

New Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ (mm/yyyy)

3-digit security number on back of card: \_\_\_\_\_

\_\_\_\_\_ I would like to **TEMPORARILY SUSPEND** my Monthly Giving Program

Please make this change effective on \_\_\_\_\_

Please begin my plan again on \_\_\_\_\_

\_\_\_\_\_ I would like to **CANCEL** my Monthly Giving Program

I understand that any change and/or termination of my Monthly Giving Program will take **at least five (5) business days to process after the notification has been received.** If said notification is not received by the Louix Dor Dempriey Foundation within five (5) business days of the next scheduled processing date, changes or terminations will take effect the following month.

By signing below, I acknowledge the changes to my Monthly Giving Program described on this form.

**Executed by:**

\_\_\_\_\_ (Legal Name)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)

**Please return this form to:**

Louix Dor Dempriey Foundation  
25602 Alicia Parkway #407  
Laguna Hills, CA 92653

Fax: (949) 269-0113

The Louix Dor Dempriey Foundation is a non-profit educational organization.  
All contributions are tax deductible to the fullest extent allowed by law.

*We are deeply grateful for your support of the Louix Dor Dempriey Foundation*