

Monthly Giving Program Enrollment Form Credit Card Automatic Charge Authorization

Please complete the following	(please print	cieariy):			
This is my first time of	enrolling in the	Louix Dor Demprie	y Foundation	Monthly Gi	ving program
I have participated in	the Louix Dor	Dempriey Foundation	on Monthly G	iving progra	m in the past.
As my financial gift to the Lou	iix Dor Dempri	iey Foundation, and	in lieu of my o	credit/debit o	eard imprint,
I					
	(print na	me as it appears on	your card)		
hereby authorize the Louix Do	or Dempriey Fo	oundation to initiate	charges to my	Visa / Mas (please ci	
Card number:			Exp. date: _	/	(mm/yyyy)
3-digit security number on bac	k of card:				
Amount to charge:	Process	s my charges beginni	ing on:		
Note: Processing of the first Your donat		ke effect a minimum cessed each month o			fter above date.
Name:					
Billing Address:					
City:	_ State:	Zip Code:		Coun	try:
Phone :		E-mail:			
This authority is to remain in full from me of its termination. I und business days prior to the next sopportunity to put the termination. If you have any questions about d	erstand that the incheduled transation offect.	notice of termination n action in order to provi	eeds to be recei	ved by the Fo or Dempriey	oundation at least five (5) Foundation a reasonable
By signing below, I acknowledge payments in accordance with the	the charges desc	ribed on this form. Pa	yment in full to		
Executed by:					
		(Legal Name)	1		
		(Signature)			
		(Date)			
Please return this form to:	2	ix Dor Dempriey Fo 25602 Alicia Parkwa guna Hills, CA 9265 Fax: (949) 269-01	y #407 3 U.S.A.		

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.