

*Monthly Gívíng Program Enrollment Form* Credit Card Automatic Charge Authorization

Please complete the following (*please print clearly*):

| This is my first time e   | nrolling in the                       | Louix Dor Demprie  | ey Foundation N   | Monthly Giv                           | ving program             |
|---|---------------------------------------|--|-------------------|---------------------------------------|--------------------------|
| I have participated in  | -                                     | -  | -                 | -                                     |                          |
| As my financial gift to the Lou   | ix Dor Dempri                         | ey Foundation, and   | in lieu of my c   | redit/debit c                         | ard imprint,             |
| I   | ( print na                            | me as it appears on  | vour card)        |                                       |                          |
|   |                                       |  |                   |                                       |                          |
| hereby authorize the Louix Do   | or Dempriey Fo                        | undation to initiate   | charges to my     | Visa / Mast<br>(please cir            |                          |
| Card number:  |                                       |  | Exp. date:        | /                                     | (mm/yyyy)                |
| 3-digit security number on bac  | k of card:                            |  |                   |                                       |                          |
| Amount to charge:   | Process                               | my charges beginn  | ing on:           |                                       |                          |
| Note: Processing of the first<br>Your donat   |                                       | ke effect a minimum<br>cessed each month o                                   |                   |                                       | fter above date.         |
| Name:   |                                       |  |                   |                                       |                          |
| Billing Address:  |                                       |  |                   |                                       |                          |
| City:   | _State:                               | Zip Code:  |                   | Count                                 | ry:                      |
| Phone :   |                                       | _E-mail:   |                   |                                       |                          |
| This authority is to remain in full from me of its termination. I under <b>business days prior to the next s</b> opportunity to put the termination | rstand that the no<br>cheduled transa | otice of termination ne  | eds to be receive | ed by the Fou                         | ndation at least five (5 |
| If you have any questions about do  | onating online, pl                    | ease e-mail us at <u>don</u>   | ations@Louix,or   | $\underline{\mathbf{g}}$ or call us a | ıt (888) 288-3735.       |
| By signing below, I acknowledge payments in accordance with the s   |                                       |  |                   | be made when                          | n billed, or in extended |
| Executed by:  |                                       |  |                   |                                       |                          |
|   |                                       | (Legal Name  | )                 |                                       |                          |
|   |                                       | (Signature)  |                   |                                       |                          |
|   |                                       | (Date)   |                   |                                       |                          |
| Please return this form to:   |                                       | ix Dor Dempriey Fo<br>24881 Alicia Park<br>Ste. E-303<br>guna Hills, CA 9263 | tway              |                                       |                          |
|   | Or email a s                          | canned copy to Sar   | nantha@Louix.     | .org                                  |                          |
|   |                                       | Foundation is a non<br>x deductible to the                                   |                   |                                       |                          |

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