



Louix Dor Dempriey™
F O U N D A T I O N

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
24881 Alicia Parkway, Ste E-303
Laguna Hills, CA 92653

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