

AUTHORIZATION FORM

All Nations Family, Inc.

ES14148-ANF

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____
Type of Authorization Form: New Authorization Change banking information
 Change donation amount Discontinue electronic donation
 Change donation date

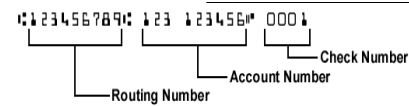
Last Name	First Name
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Address

City	State	Zip
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Email Address

DATE OF FIRST DONATION: **FREQUENCY OF DONATION:** (check only one) **DONATION AMOUNT:**
_____/_____/_____ Monthly on the 20th Change \$ _____
 One-time on the 20th Discontinue
 Preferred for Mark and Ceci Proeger

CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____  The diagram shows a routing and account number: 012345678901234567890001. Brackets below indicate: 0123456789 is the Routing Number, 1234567890 is the Account Number, and 0001 is the Check Number.
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I authorize the above organization and Vanco Services to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

CREDIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
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Credit Card Number:	Expiration Date:
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Name on Card:

Billing Address (if different from above):

I authorize the above organization and Vanco Services to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): _____ Date: _____