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SUSTAINER GIVING FORM

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I'd like to make a _____ One-Time Gift
_____ Monthly Gift *on the* _____1st _____5th _____10th _____15th _____20th _____25th of the month
To start on ____/____/____ (mm/dd/yyyy)

Please apply my gift to: \$ _____ Emergency Support Fund
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Total Donation Amount (required) \$ _____ (minimum \$10)

_____ **Yes! I wish 100% of my donation amount to go to Marine Reconnaissance Foundation. I would like to pay the processing fee (\$0.25 for ACH or 3% for credit cards) assessed to Marine Reconnaissance Foundation.**

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Please make this a _____ Donation _____ Memorial Gift _____ Honor Gift _____ Anonymous Donation

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_____ **Enclosed is a voided check for my donation.** Please transfer my gift from my checking account.

OR

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I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at www.reconfoundation.org or by contacting Marine Reconnaissance Foundation by phone or mail. All donations provided to Marine Reconnaissance Foundation comply with U.S. laws and regulations.

Signature (Required) _____ **Date** _____

Please make a copy of this form for your records or you can request a copy from:
Marine Reconnaissance Foundation
19915 Rough and Ready Trail • Sonora, CA 95370 • (951) 249-1517 • www.reconfoundation.org