



Benefactor Club Monthly Giving Program

Make a difference automatically!

When you join our convenient Benefactor Club for monthly giving...

you immediately maximize your support of our ongoing services to help people with developmental disabilities! You also allow us to budget and plan our activities more effectively. It's easy, secure, and saves you and our staff time. You simply authorize us to receive a monthly gift from your bank account or credit/debit card. Using your bank account is preferred, because doing so allows our clients to benefit from your full gift rather than losing a percentage to card processors.

Make your gift go further than ever to help people in need!

Upon signing and returning the enrollment form below, your monthly gift will be electronically transferred from your account to ours. A record of each gift will show on your regular bank or credit card statement. We will send you a tax-deductible receipt at the end of each year, and this will continue indefinitely unless you inform us that you wish to stop.

Reasons to enroll today!

Convenient for you:

- No postage costs.
- No lost checks.
- No time spent writing checks.

Increased value:

- Speeds up the arrival of your gift so funds can be put to immediate use.
- Reduces administrative costs, maximizing the impact of your donation.
- Predictable cash flow enables us to plan more effectively.

MORE great benefits:

- It is easy to make changes or stop your contributions at any time (just e-mail us at donations@factcalifornia.org or call us at 818-225-7393).
- AND you'll continue to receive our regular updates!

For your records

I am donating \$_____ each month, via
my _____ account ending in _____ (last four numbers).
I submitted my enrollment on _____ (date).

Foundation for Advocacy, Conservatorship, and Trust (FACT)
19725 Sherman Way, Ste 200, Winnetka, CA 91306
donations@factcalifornia.org
Tel: 818-225-7393

Please detach here and return lower portion – keep top portion for your records

YES! I want to be a Benefactor and support your ongoing services for people in need.

My signature below authorizes Foundation for Advocacy, Conservatorship, and Trust to receive the following amount monthly:

\$10 \$15 \$20 \$25 \$50 \$100 Other \$_____

From my Bank Account (*Easiest option: please use a **check** to make your first donation and include it with this form. If you wish to enroll using a savings account instead of a checking account, please contact us directly.*)

Via Credit/Debit Card (please check box): MasterCard VISA American Express Discover

Account Number: _____ Expiration Date: ____ / ____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Tel (circle - mobile/home/work): _____

* I understand the amount I have specified on this form will be transferred directly from my account into the account of Foundation for Advocacy, Conservatorship, and Trust in the amount I indicated, and I may increase, decrease, or suspend these transactions at any time by contacting you via telephone, email, or postal mail.

Signature*: _____ Date Signed: _____

*Signature required on this form for bank account as well as credit/debit card.

Note: All donations provided to Foundation for Advocacy, Conservatorship, and Trust as ACH transactions comply with U.S. law.

Foundation for Advocacy, Conservatorship, and Trust ■ 19725 Sherman Way, Ste 200 ■ Winnetka, CA 91306