

Donor Information Form

Donation Amount: \$ <u>Click or tap here to enter text.</u>	Date: <input type="checkbox"/> 15 th of month or <input type="checkbox"/> 28 th of month Month to start in: <u>Click or tap here to enter text.</u>
Credit Card – Choose One: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/> Discover Name on Card <u>Click or tap here to enter text.</u> Address: <u>Click or tap here to enter text.</u> Address 2 nd line: <u>Click or tap here to enter text.</u> City, State, Zip: <u>Click or tap here to enter text.</u> Exp. Date: <u>Click or tap here to enter text.</u> Sec. Code: <u>Click or tap here to enter text.</u>	Bank Account (auto draft) Account type (savings, checking, other): _____ Account #: <u>Click or tap here to enter text.</u> Bank Routing #: <u>Click or tap here to enter text.</u> (OR provide a copy of a voided check)
Email: _____	Phone Number _____

Questions? Dawn Squire at 717-845-7662 ext. 1207 or dsquire@lifepathyork.org