



Sustaining Member Campaign Application

Name

Company Name

Monthly Donation \$ _____ (minimum \$100)

Start Date ___/___/___

End Date ___/___/___ (minimum 12 months)

Address

Address

City, State & Zip Code

Phone

Fax

Email

Method of Payment:

Debit Bank Account (attach a voided check)

Bank

Routing #

Account #

Credit Card:

American Express

MasterCard

Visa

Credit Card Number

Expiration Date

Name as it appears on Credit Card

Signature

Date