

Giving Form



1 Choose Your Gift Amount

☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ Other \$ _____

2 How Often?

☐ One-Time ☐ Monthly-Recurring

3 Your Information

Name

Address

City

State

ZIP

Phone

Email

4 Your Payment Information

☐ Check ☐ ACH/EFT (Monthly) ☐ Credit Card

ACH / AUTOMATED DONATION DEBIT AUTHORIZATION

I have enclosed a check for my first month's gift. Please transfer my monthly gifts from my bank account. I understand that my future monthly gifts will be transferred directly from my banking account on the 30th of each month, and will appear on my bank statement. If at anytime I wish to increase, decrease or suspend my giving, I can notify The Forgotten Initiative of my desires with a written request.

CREDIT CARD AUTHORIZATION*

Card Number

____ / ____
Exp. Date

CCV



Signature

Date

Send This Completed Form With Your Gift To:

The Forgotten Initiative
216 E Grove St, Ste 1200
Bloomington, IL 61701

The Forgotten Initiative is a 501(c)(3) tax-exempt organization. Donations of \$250 or more will receive a tax-deductible receipt. Receipts for donations under \$250 will gladly be sent upon request.

Helping you support the foster care community.

(309) 319-7410 · donations@theforgotteninitiative.org · theforgotteninitiative.org