

Special Offer! Sign up for Monthly Giving Today!

Mail your completed form back to : 790 Featherstone, Pontiac, MI 48342

I hereby authorize my financial institution to make reoccurring payments on my behalf from the checking, savings or credit account listed and transfer it to the **Michigan Animal Rescue League**.

I understand that I am in full control of my payments and I will notify you if at anytime I decide to make any changes, discontinue this service, or change or close my credit card or bank account.

First and Last Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Signature: _____ **Date:** _____

To help reduce costs MARL will be mailing year-end statements instead of individual acknowledgement letters for each EFT gift. If you require a letter for each EFT gift please check this box.

Monthly Gift

Amount \$ _____

Two Payment Options:

Credit Card

- VISA
- MasterCard
- AMEX

Credit Card Number

Expiration Date

Checking **Savings**

Account Number

Routing Number