

Your name: _____ Your phone: _____

Your address: _____

Your e-mail: _____

Yes, I am excited to help Bixby area residents in need. My financial contribution is listed below.

I have enclosed a check for _____ \$500, _____ \$250, _____ \$100, _____ Other.

I want to pledge _____ to help BCOC. Please bill me in _____ monthly installments of \$_____ at the address above.

I want to pledge _____ to help BCOC. Please automatically withdraw _____ from my bank account on the _____ of each month. I've attached a voided check. (Please fill out authorization below for this option.)

I am unable to make a financial commitment to BCOC at this time, but I am interested in providing volunteer assistance. Please contact me at _____.

AUTHORIZATION FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY NAME: BIXBY COMMUNITY OUTREACH CENTER ID NUMBER: 20-5301279

Monthly Donation Amount: \$_____

I (we) hereby authorize **Bixby Community Outreach Center**, hereinafter called BCOC, to initiate debit entries to my [] Checking [] Savings account (select one) indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

BANK NAME: _____

BRANCH _____ CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

(The transit number is the 9-digit number in the bottom left hand corner of your check)

This authority is to remain in full force and effect until BCOC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BCOC and BANK a reasonable opportunity to act on it.

NAME _____

DATE _____

SIGNED _____

* Please mail or fax this form to Bixby Community Outreach Center at the address (10 East Dawes, Bixby, OK 74008) or fax number (918.366.9228) and your donation will begin being automatically deducted on the 15th of the month. Thank you!