

MONTHLY AUTOMATIC DONATION FORM

Meher Spiritual Center, Inc., 10200 N. Kings Hwy., Myrtle Beach, SC 29572-4036

Please fill out this form if you wish to make an ongoing monthly donation to the Center by automatic payment from your checking account or credit card.

Automatic donations will be charged around the middle of each month, usually on the 17th of the month for checking account donations, and usually on the 16th for credit card donations.

We will not send an individual acknowledgement of each donation, but an official receipt for tax purposes listing your total donation amount for the year will be mailed after the end of each year.

Automatic Monthly Donation from Checking Account **(Please include a voided check)**

I (we) wish to initiate a monthly donation to Meher Spiritual Center, Inc. by automatic bank draft in the amount of \$ _____ per month beginning _____ (Month), _____ (Year)

☐ until I (we) notify Meher Spiritual Center to discontinue.

☐ for ____ year(s).

☐ Other _____.

I (we) hereby authorize Meher Spiritual Center, Inc. to start debit entries to my (our) checking account as specified by the enclosed voided check to debit such account. This authorization is to remain in full force and effect for the time period specified above or until Meher Spiritual Center, Inc. has received written notification from me (or either of us) of its termination.

Name(s) (Please Print) _____

Date _____ Signed x _____ Signed x _____

Automatic Monthly Donation by Credit Card

I wish to initiate a monthly donation to Meher Spiritual Center, Inc. by automatic credit card payment in the amount of \$ _____ per month beginning _____ (Month), _____ (Year)

☐ until I notify Meher Spiritual Center to discontinue.

☐ for ____ year(s).

☐ Other _____.

I hereby authorize Meher Spiritual Center, Inc. to start debit entries to my credit card account as specified by the account information given below. This authorization is to remain in full force and effect for the time period specified above or until Meher Spiritual Center, Inc. has received written notification from me of its termination.

Card # _____ Expiration Date _____

Card Holder's Name (Please Print) _____

Billing Address of Card _____

Signature _____