



Monthly Donation Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Mobile phone: _____

Email: _____

I would like my name recognized as: _____

My gift is:

In honor of: _____

In memory of: _____

Payment method:

Check

Credit Card

Cash

Amount: \$100 \$50 \$25 \$10 Other _____

Card number: _____

Expiration date: _____ CVV code: _____

Billing address: _____

City: _____ State: _____ Zip: _____

Please start my gift on ____/____/____

Signature: _____ Date: _____

Disclaimer: This form will be held in a locked and secure location until AWAIC's system conversion in April 2018 when it will be shredded.