

Contact Information

Prefix	First	Middle	Last	Suffix
Street Address				
City		State	ZIP	
Email	<input type="checkbox"/> Sign me up for email updates		Phone	<input type="checkbox"/> Sign me up for text message alerts

Bank Information

Financial Institution		Financial Institution City			
Account #		Routing #			
Account Type	<input type="checkbox"/> Checking Account <i>Attach voided check</i>	<input type="checkbox"/> Savings Account <i>Attach voided deposit slip</i>			
Amount	<input type="checkbox"/> \$5.00 <input type="checkbox"/> \$50.00	<input type="checkbox"/> \$10.00 <input type="checkbox"/> \$75.00	<input type="checkbox"/> \$15.00 <input type="checkbox"/> \$100.00	<input type="checkbox"/> \$20.00 <input type="checkbox"/> \$200.00	<input type="checkbox"/> \$25.00 <input type="checkbox"/> Other \$ _____
Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	
Direct My Contribution	<input type="checkbox"/> Capital Fund		<input type="checkbox"/> Operations and Maintenance		
Start Date					

Authorization

By signing this form, I hereby authorize electronic debit entries from my checking or savings account indicated above. Any change to the bank account or to a new financial institution will require a new ACH Authorization and Enrollment Form. Failure to notify Conway Interfaith Clinic will delay payment.

Conway Interfaith Clinic is a registered 501(c)3 nonprofit organization with the Internal Revenue Service. All contributions are tax-deductible.

Signature	Date
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Mail or Deliver

ATTN Development Office
Conway Interfaith Clinic
830 North Creek Drive
Conway, Arkansas 72032

501-932-0559 or cic@conwayinterfaithclinic.org