



Unity Foundation of LaPorte County

Automatic Checking/Savings Donation Authorization

I hereby authorize the Unity Foundation of LaPorte County, Inc. to draft \$ _____ from my checking or savings account on regular occasions:

- Withdraw on the ____ day of the month beginning on _____(date).
- Withdraw on each pay period: _____(denote pay schedules.)
- Withdraw quarterly beginning on _____(date).

Donor's Name: _____ Phone: _____

Donor's Address: _____ Email: _____

City, State ZIP: _____

Donor's Financial Institution Routing Number: _____

Donor's Account Number: _____

Account Type: Checking Savings

This draft will remain in effect until further notice from me.

Donor's Signature

Date

I wish my donation to be placed in the following fund(s): _____

How I would like my name to appear in Unity Publications: _____
(If different than above) *Can be anonymous*

Note: *The Unity Foundation of LaPorte County, Inc. is a 501(c)(3) nonprofit corporation and gifts are deductible as allowed by law. All gifts are irrevocable.*