



# Children's Center

A child abuse intervention center

## Monthly Champion Enrollment Form

1713 Penn Lane | Oregon City, OR 97045

P: 503-655-7725 | F: 503-655-7720

www.childrenscenter.cc

Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I (We) would like to support Children's Center with monthly contributions:

\$ \_\_\_\_\_ Total Monthly Contribution (\$5 minimum)

Please make charges on or around the  5<sup>th</sup> or  15<sup>th</sup> of the month, beginning (month/year) \_\_\_\_/\_\_\_\_

I would like charges to occur until:  I provide further notice or  ending (month/year) \_\_\_\_/\_\_\_\_

### Credit Card Payment Option

I (We) hereby authorize Children's Center to initiate monthly charges to my (our) credit card in the amount listed above.

Name as reads on card \_\_\_\_\_

Type of Card:  VISA  MasterCard  Amex  Discover Expiration Date \_\_\_\_/\_\_\_\_

Card Number \_\_\_\_\_ CVV \_\_\_\_\_

### Electronic Funds Transfer (EFT) Payment Option

I (We) hereby authorize Children's Center to initiate monthly debit entries in the amount listed above, from the account at the financial institution named below, and authorize the institution to debit the below named account for the same. **Please attach a voided check or deposit slip to this form.**

Financial Institution \_\_\_\_\_ Type of Account:  Checking  Savings

9-digit routing number\* \_\_\_\_\_ Account Number \_\_\_\_\_

\*can be found at the bottom of your check, directly before your account number

### Signature(s) required to authorize credit card or EFT option

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Please remember:

- Keep a copy of this form for your records.
- Children's Center will provide you with a receipt annually in January for all gifts during the previous calendar year (January 1 through December 31) for your tax records.
- Giving recognition in the Annual Report will be based on fiscal year (July 1 – June 30).
- Return the signed form to: Children's Center, Development Office, 1713 Penn Lane, Oregon City, OR 97045.
- If you have questions, or would like to increase, decrease or cancel your monthly giving, contact Ronecca Norvell, Development Director, at 503-210-2425 or ronecca@childrenscenter.cc.