



AUTHORIZATION FORM

Organization Name: Gilchrist

FOR OFFICE USE ONLY		DATE	
Effective date of authorization: ____/____/____			
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment			
Donor Last Name		Donor First Name	
Address			
City		State	Zip
Email Address		Phone	
MONTHLY PAYMENT:		PLEASE APPLY MY PAYMENT TO:	
Date for monthly withdrawal (please check one): <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th		__ Gilchrist Center Towson	
Date of first payment: ____/____/____ Amount of monthly payment: \$ _____		__ Gilchrist Center Howard County	
		__ Gilchrist Center Baltimore	
		__ Greatest Need	
CHECKING / SAVINGS	Please debit payment from my (check one):		Routing Number: _____
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)		Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.			
Authorized Signature: _____ Date: _____			
CREDIT CARD	Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
	Credit Card Number:		Expiration Date:
	Name on Card:		
	Billing Address (if different from above):		
	I authorize the above organization to charge my credit card in accordance with the information above.		
Signature (as it appears on the credit card): _____ Date: _____			

If using a checking account, please attach a voided check over the credit card section.

Please send this form to:

Gilchrist ATTN: Philanthropy Department 11311 McCormick Rd., Ste. 350, Hunt Valley, MD 21031

Questions? Call 443-849-8330 or email giving@gilchristcares.org