



Sunny Ridge Family Center

Our Mission: *To serve children and build families around the world.*
www.sunnyridge.org

270 Remington Boulevard | Suite C | Bolingbrook, Illinois 60440 | (630) 754-4500
900 Ridge Road | Suite H | Munster, Indiana 46321 | (219) 836-2117

Electronic Donation Authorization Form

Change Two Lives With One Gift - Birth Parent Services and Counseling

Last Name		First Name	
Address			
City		State	Zip
Effective date of authorization: _____			
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date			
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> Transfer monthly on the 1 st <input type="checkbox"/> Transfer monthly on the 16 th <input type="checkbox"/> Transfer a one-time gift, in lump sum		DONATION AMOUNT: <input type="checkbox"/> \$21 per month for 12 months <input type="checkbox"/> \$250 one-time gift <input type="checkbox"/> \$ _____ per month/quarter (circle) <input type="checkbox"/> \$ _____ per month/quarter (circle) <input type="checkbox"/> \$ _____ one-time gift
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)		Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
	I authorize Sunny Ridge Family Center 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 donation 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 Sunny Ridge Family Center to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____		

THANK YOU FOR YOUR SUPPORT!

Please staple voided check over credit card section above if using checking account.
Mail to: Sunny Ridge Family Center, 270 Remington Blvd, Suite C, Bolingbrook, IL 60440