



EFT Authorization Form - The Baby Fold

Yes, I want to save time and money in supporting The Baby Fold through EFT.

Name

Address

City State ZIP

() ()

Home Phone

Business Phone

I authorize The Baby Fold to deduct
From my checking savings account until further

Notice as follows

(enter one figure):

\$ _____ monthly (\$10 minimum) or

\$ _____ quarterly (\$25 minimum).

My company, _____, will match my gift. I enclose my employer's matching gift form indicating the total amount of my gift.

I enclose a voided, unused check for identification of my bank and account numbers.

Signature

Date Authorized

Please complete this form and mail it to:
Development and Public Relations

The Baby Fold
108 E. Willow
Normal, IL 61761

If you have any questions, please contact our Development and Public Relations office
Phone: (309) 451-7205
Email: publicrelations@thebabyfold.org



For Your Records (EFT Authorization Form - The Baby Fold)

Amount authorized:

\$ _____ monthly or

\$ _____ quarterly.

The Baby Fold will receive your gifts on the *15th of each month*. If quarterly, gifts are received on the 15th of March/June/September/December.

Your gifts will appear on your bank statement automatically. You will also receive a gift receipt at year-end from The Baby Fold for your tax purposes.

To change the amount of your gift, please complete a new EFT Authorization Form.

A change of banks requires a new voided check for bank and account identification.

To cancel the EFT authorization, please notify The Baby Fold, giving 15 days' notice.

To make changes to your gift amount, please contact
Development and Public Relations Department
Phone: (309) 451-7205

Development and Public Relations

The Baby Fold
108 E. Willow
Normal, IL 61761