



## AUTHORIZATION FOR MONTHLY DONATION

I authorize Friends of the Children San Francisco to establish a recurring monthly contribution in the amount of \$ \_\_\_\_\_.

### Donor Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Company/Organization Name: \_\_\_\_\_

My employer will match my donation:  Yes  No

For Recognition Purposes, my name should appear as: \_\_\_\_\_

I Wish to Donate Anonymously

I would like this contribution to be (please choose one option):

Charged to my credit card account # \_\_\_\_\_

Visa  Mastercard  American Express  Discover Card

Name on the account: \_\_\_\_\_

Credit card expiration date: \_\_\_\_\_

Deducted from my checking account at \_\_\_\_\_  
(name of financial institution)

Name on the account: \_\_\_\_\_

Debit card # \_\_\_\_\_

Debit card expiration date: \_\_\_\_\_

Mail this donation form to: Friends of the Children San Francisco  
800 Innes Avenue #12  
San Francisco, CA 94124