


Friend of Life

monthly sustainer program
authorization form

| | | | |
|---|--|--|---|
| Keep this portion | WELS Lutherans for Life | |  |
| | 8501 W. Lincoln Ave., West Allis, WI 53227 Contact@ALife2.com (414) 727-8176 | | |
| | <i>Treasuring human life one heart at a time!</i> | | |
| Monthly Amount \$ _____ | Date of First Transfer __ / __ / _____ | | |
| Bank Account _____ | Credit/Debit Card _____ | | |
| Thank you! Your faithfulness is appreciated. Please contact us with any required changes. | | | |

----- Separate here and retain the top portion for your (donor) records. -----

| | | | |
|---------------------|---|--|--|
| Return this portion | WELS Lutherans for Life | | |
| | 8501 W. Lincoln Ave., West Allis, WI 53227 - (414) 727-8176 | | |
| | I authorize my bank or credit card company to transfer funds monthly in the amount of \$ _____ (US) until further notice. | | |
| | I understand I am in full control of my donation and anytime I wish to make changes I will contact this organization. | | |
| | Please initiate my monthly transfer on the 5th, 20th, or _____ (date), starting in _____ (month). | | |
| | <input type="checkbox"/> Checking (attach a voided Check) | <input type="checkbox"/> VISA <input type="checkbox"/> M/C | Acct # _____ / _____ / _____ / _____ |
| | <input type="checkbox"/> Savings (attach a voided deposit slip) | <input type="checkbox"/> Discover | Expiration Date __ / __ Security Code __ __ |
| | Acct Holder's Name _____ | | Phone _____ |
| | Address _____ | | E-mail _____ |
| | City/ State/ Zip _____ | | |
| Date _____ | Acct Holder's Signature _____ | | |