



# Artists for Community Transformation Intl's Monthly Gift Program Automatic Bank Account Deduction option

Not only is the A.C.T. Intl's Monthly Gift Program the easiest way to help support our staff and departments, it ensures that more of your money goes directly to the cause because of reduced administrative costs.

## How it works

- You can enroll at any time, change your designated gift at any time, and cancel your participation at any time.
- All changes of status must be made in writing (please allow one to two weeks for status changes to take effect).
- The minimum donation is \$5 each month (all donations in U.S. funds).
- You may choose to have your contribution drawn on either the 5<sup>th</sup> or the 20<sup>th</sup> of the month.
- A record of your monthly gift will show up on your bank statement, and you will receive a monthly receipt from us, making it easy to maintain your records for financial and tax purposes.
- If your bank account has insufficient funds for your monthly pledge, we'll send a letter notifying you the transfer did not take place.
- This contribution option is both safe and convenient. All electronic payments are federally regulated for your protection.

## How to sign up

- Complete the reply form below, indicating the amount you wish to contribute each month and the checking or savings account number from which you wish to have your donation drawn.
- Select the day of the month (either the 5<sup>th</sup> or 20<sup>th</sup>) you want the contribution made.
- Be sure you've printed your name, address, and email clearly.
- Sign your name and fill in the date.
- Mail the completed form along with a **VOIDED CHECK** from your personal checking account or a **DEPOSIT SLIP** from your savings account to:

A.C.T Intl  
PO Box 1966  
Brentwood, TN 37024-1966

**Your monthly gifts will continue to be made until you notify us of your desire to change your status.**

### Automatic Donation Authorization

I authorize Artists for Community Transformation Intl and the financial institution named below to charge my account each month the amount shown below (this includes my authorization for A.C.T. Intl to reverse any charges made in error). This authority will remain in effect until I give written notice to change the amount or withdraw from the service. I understand that all changes of status to this agreement take one to two weeks to be processed.

Amount Per Month \$ \_\_\_\_\_ (\$5.00 minimum, U.S. Funds Only)

Monthly Withdrawal Date: 5<sup>th</sup>  or 20<sup>th</sup>

**A.C.T Intl Staff or Department to which you are donating:**

I desire for this to begin: Month \_\_\_\_\_ Yr \_\_\_\_\_

\_\_\_\_\_

Checking  or Savings

Donor's Name \_\_\_\_\_

Please be sure to enclose a **VOIDED CHECK** from your personal checking account or a deposit slip from your savings account so that there will be no unnecessary delays in processing your request.

Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_

Thank you so much for your commitment to supporting the efforts of our staff and departments.

Date Signed \_\_\_\_\_