***Florida House***

***Monthly Donation Form***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | |
| Address |  | | | | | | |
| City |  |  | State |  |  | Zip Code |  |
| Telephone |  | | | | | | |
| Email Address |  | | | | | | |

I would like to make an automatic monthly gift of:

$10  $15  $30  $50  Other \_\_\_\_\_\_

**Option 1: Credit Card**

Please charge my gift each month to:

Visa  MasterCard  American Express  Discover

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| Credit Card Number |  |  | Expiration Date |  |
| Signature |  |  | Date |  |

**Option 2: Direct Debit**

If you would like to pay by direct debit from your checking account each month, please enclose a voided check.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  |  | Date |  |