***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 |  |