

DoveLewis Recurring Donation Authorization

Our Recurring Donation Authorization offers a convenient way for you to support DoveLewis throughout the year. Each month or each quarter, as you specify below, your gift will be transferred electronically from your checking account (EFT) or charged to your credit or debit card. You may change your gift amount or payment method, or cancel your participation by contacting us anytime.

If you would like to make a recurring gift to DoveLewis, please complete this form and mail it to:
(please include a voided check if you select the EFT option)

DoveLewis Emergency Animal Hospital
1945 NW Pettygrove
Portland, OR 97209

AUTHORIZATION AGREEMENT FOR RECURRING GIFTS TO DOVELEWIS

I support DoveLewis and want to make a recurring charitable gift of

\$25 \$50 \$100 \$250 \$500 Other \$_____

Recurrence

Monthly Quarterly

Billing Address

Name(s) _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Alternate Phone _____

My payment preference is:

Checking Account EFT

I authorize DoveLewis to initiate monthly/quarterly electronic fund transfers from my checking account, which will take place on the 25th day of the month, or following business day. I have enclosed a voided check from that account.

Credit Card

I authorize DoveLewis to bill my credit card account each month/quarter on the _____ day of the month (fill in your preferred day of the month) or following business day.

Credit Card# _____ Exp. Date _____ / _____

Signature _____ Date _____

