Recurring Donation Authorization Agreement

Our recurring donation program 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.

I want to	support Dov	eLewis by mak	ing a re	curring char	itable gift of:		
○ \$10	○ \$25	○\$50 (\$100	○ \$250	○ \$500	O Other	
I will don	ate to the fo	llowing fund:					
				ortland Area Ca		O Ve	lvet Assistance Fund
O Charlie Fund			Teams (PACTT) Program O Stray Animal & Wildlife Program			O Unrestricted Fund (Area of greatest need)	
O Pet Loss Support Program						.1 (731	ea of greatest need)
I would li	ke my gift to	o recur:					
O Mon	thly O C	Duarterly O	Semiann	nually			
Billing Ac	ldress:						
Name(s)							
Address _							
City						State	Zip
Email				Pl	none –		Cell
You will be aut	omatically added to	the DoveLewis email ne	ewsletter. O	Check here if you w	ould prefer not to recei	ive these emails.	
O Check	ing Account	EFT					my checking account, which will
take pla	ce on the 15th	a day of the month	n, or follow	ving business	day. I have encl	osed a voided	check from that account.
Checkir	ng Account #				Routing	g #	
(Alternate	ely you may choos	se to enclose a voided	check.)				
○ Credit	Card						
		s to bill my credit n your preferred c					he O 1st or O 15th
Credit C	Card #					_ Exp. Date	CVN #
							_
Signature)						Date
	ail completed	form to:					
÷	-	ncy Animal Ho	spital				
•	N Pettygrov	e Street				10	
Portlan	d, OR 97209					Jh	rnk You!
••••••	•••••	•••••	••••••				