



Capitol Hill Partnership Direct Monthly Giving Program

Yes, please enroll me for direct giving for my monthly gift to Concerned Women for America.

Please take my monthly gift directly from my CREDIT CARD.

I understand that:

- The amount shown below is my monthly gift to Concerned Women for America, given by credit card.
- A record of each charge will appear on my regular credit card account statement.
- I can begin my direct giving by sending this completed enrollment form, including my credit card information and signature. Future monthly transfers will be taken from the credit card account indicated on this form.
- I can suspend my direct giving at any time, simply by notifying Concerned Women for America in writing.

Name: _____

Address: _____

Telephone: _____

Amount: _____

Credit Card: VISA _____ MC _____ DISC _____

Credit Card #: _____

Expiration Date: _____

Signature: _____

Date Signed: _____

OR

Please take my monthly gift directly from my BANK ACCOUNT.

I understand that:

- The amount shown below is my monthly gift to Concerned Women for America, given from my bank account.
- I can begin my direct giving by sending this completed enrollment form and enclosing a void check. Future monthly transfers will be taken from the bank account indicated by the void check enclosed with this form.
- I can suspend my direct giving at any time, simply by notifying Concerned Women for America in writing.

Name: _____

Address: _____

Telephone: _____

Amount: _____

Signature: _____

Date Signed: _____

Please complete and mail to:
Concerned Women for America, Attn: Finance, 1015 15th St. NW, Ste. 1100, Washington, DC 20005

***IMPORTANT: Don't forget to include a void check from the bank account you want drafted.
Thank you for your support!**

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