



matiak foundation
serve to empower

Monthly Giving Program Recurring Donation Authorization Form

Thank you for your interest in supporting the mission of Matiak Foundation, Inc. All requested information below is required to sign up for automatic recurring billing. Please complete the information below & sign the form. Upon approval, we will automatically bill your VISA, MasterCard, or American Express for the amount indicated & your total charges will appear on your credit card statement. You may cancel authorization at any time by contacting us. Signed & completed forms should be mailed to Matiak Foundation, 2210 Holly Springs Parkway, #885, Holly Springs, GA 30142. Thank you for your support!

Donor Information

Name _____
Email address _____ Phone _____
Address _____
(from bank statement)
City _____ State _____ Zip _____

Payment Information

I authorize Matiak Foundation, Inc. to automatically bill my card listed below as specified below.

I would like to set up a recurring donation of _____ to Matiak Foundation, Inc. (\$25 minimum donation suggested)

Frequency
(check one)

Once

Monthly

Quarterly

Start on _____ / _____ / _____ End on _____ / _____ / _____
Month Day Year Month Day Year

No End Date (circle if applicable)

ACH Information

Name on Account _____ Bank _____

Account # _____ Routing # _____

Customer's Signature _____ Date _____