MONTHLY DONATION FORM:

COMPLETE AND EMAIL TO **dr.billgerber@comcast.net**

CIRCLE ONE OPTION BELOW:

1. I Am Establishing a: Monthly Giving Amount

2. I Am Updating My: Monthly Giving Amount

1. Both

\*Monthly Giving Amount:

$ - Please indicate in dollars your donation.

\*Personal Information:

Title:\*

First Name:\*

Last Name:\*

Spouse/Partner Title:

Spouse/Partner First Name:

Spouse/Partner Last Name:

Address:\*

Address 2:

City:\*

State:\*

Zip Code:\*

Home Phone:\*

Work Phone:

Email Address:\*

Your email address will be used solely The Jericho Project communications.

\*Method of Payment:

 Visa

 MasterCard

 American Express

 Discover

 Electronic Funds Transfer

 Name as it appears on card:

Credit Card Number:

Expiration Date:

EFT Bank Information or Comments:

Please enter the following information in the "EFT/Comments" box above.

- Routing Number (9 digits)

- Account Number

- Checking or Savings Account