



ELECTRONIC FUNDS TRANSFER (EFT)

I would like to make a monthly contribution of (check one):

- \$200 \$50 \$ _____
 \$100 \$20 (fill in amount)

Name _____ E-mail _____

Street Address _____

City _____ State _____ Zip _____



- My voided check is enclosed to set up EFT payments.

ELECTRONIC FUNDS TRANSFER: I hereby authorize Pregnancy Helpline, Inc. of Madison to initiate debit entries, and, if necessary, credit entries and adjustments for any debit entries in error to my bank account as indicated below and to debit and/or credit the same to this bank account. This authorization is to remain in full force and effect until Pregnancy Helpline, Inc. of Madison has received written notification of its termination from me in such time and in such manner to afford Pregnancy Helpline, Inc. of Madison and the bank a reasonable opportunity to act on it.

Acct. # _____ Routing # _____

Signature _____

Mail to: Pregnancy Helpline, Inc of Madison
 PO BOX 5261
 Madison, WI 53705