

Simplify your Giving.

With an Electronic Funds Transfer Authorization.



- New Authorization
- Change of Prior Authorization

I give my permission to transfer the following amount from my account to Tilikum each month:

Total monthly deduction will be \$ _____ (*cannot be less than \$5*)

At the end of each fiscal year, Tilikum's goal is to apply all gifts toward the current Capital Campaign, but we initially assign the gift as undesignated to provide for project flexibility. Please let us know if you are interested in designating your gift in a different manner:

Make a monthly deduction from my account on date of (check one): the 5th the 20th

To start in the month of _____

Bank name _____

Bank phone _____

Routing number _____

Account number _____

This authorization to withdraw funds from my checking or savings account is the same as if I had personally signed a check to Camp Tilikum. This agreement will remain in effect until I write or call Camp Tilikum telling them to end this agreement, and they have had a reasonable amount of time to act on my instructions. I have read, understood, and agree with the information on this form.

Signature _____

Print Name _____

Date _____

Thank you for your contribution to Camp Tilikum. Email your completed form to office@camptilikum.org, or mail to the address below: