

Send this authorization to:

Gilcrease Nature Sanctuary
8103 Racel St.
Las Vegas, NV 89131

If you have questions,
Call (702) 645-4224
Fax (702) 645-6808

or email us at:

gilcreasenuersanctuary@yahoo.com



**AUTOMATIC
SPONSORSHIP
PAYMENT
PLAN**

8103 Racel St.
Las Vegas, NV 89131

www.naturesanctuarygilcrease.org

Thank you for helping us help them....



Gilcrease Nature Sanctuary Automatic Donation Plan

If you would like a long term commitment for payments to help us help the animals, this plan might work for you.

It enables your bank or credit card company to send your monthly donation directly to Gilcrease Nature Sanctuary!
No check charges or stamps
You won't need to worry about remembering your donation each month.

If you wish to change it or stop it at any time simply write and let us know

Please keep this in your records for future reference:

On _____ I authorized _____
Date *Bank or Credit Card Company Name*

To charge my account \$ _____ on or after the [] 1st / [] 15th of each month, for a donation to Gilcrease Nature Sanctuary.

How To:

- 1 Fill in the and sign this "Authorization Form".
- 2 Write in the amount you want to donate each month and if you prefer it to be withdrawn on the 1st or 15th of the month.
- 3 Return the form to us. If you're donating from your bank account, also return a voided check or savings account withdrawal slip (or photocopy)

Our automatic payment plan is operated through Nevada State Bank

I hereby authorize Gilcrease Nature Sanctuary and my financial institution (listed below) to initiate charges to my checking account, savings account or credit card account (also listed below).

I understand that I can terminate this agreement through a written notification to Gilcrease Nature Sanctuary (GNS) in such time and manner as to afford GNS a reasonable opportunity to act on it.

The initial authorization is for \$ _____ to be charged to my account on or after the [] 1st / [] 15th (check one) day of each month. I may change either the amount of the donation or the date on which the account is debited through written authorization to Gilcrease Nature Sanctuary.

Type of account: [] Checking [] Savings

[] Visa [] MasterCard [] Discover [] Am Exp

Credit Card No: _____

Expiration Date: _____

OR

Bank Account Number: _____

Name of Bank: _____

Bank Address: _____

City: _____ State _____ Zip _____

Your Name: _____

Address: _____

City _____ State _____ Zip _____

SIGNED: _____

DATE: _____



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