

# ELECTRONIC GIFT TRANSFER AUTHORIZATION

**BlackGenocide.org**

To authorize LEARN to electronically deduct regular gift amounts from your checking or savings account, please fill out the form below and mail it to the address at page bottom.

Name \_\_\_\_\_ Donor ID # (if known) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

I hereby authorize LEARN to initiate debit entries to my account as indicated below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

2nd Signature (if joint account) \_\_\_\_\_ Date \_\_\_\_\_

Deduct from (circle one)      *Checking*      *Savings*

Name of Financial Institution \_\_\_\_\_

Address / Branch Office \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**IMPORTANT:** You must enclose a voided check bearing the account number of the checking or savings account indicated above.

I wish to make a monthly gift payment of \$ \_\_\_\_\_ (to be posted to your account around the 5th of each month).

Continue this gift for a period of (circle one)      *12 months*      *24 months*      *36 months*      *until cancelled\**

**UNLESS INDICATED BELOW, YOUR GIFT WILL GO TO OUR GENERAL FUND. TO GIVE TO A SPECIFIC FUND OR PROJECT, PLEASE INDICATE BELOW.**

Please apply my gift to \_\_\_\_\_

*\* To cancel your electronic giving please send us written notification or email us at [revchildressjr@aol.com](mailto:revchildressjr@aol.com).  
Email cancellations will be verified by telephone.*

**L.E.A.R.N. Northeast  
PO Box 157  
Montclair, NJ 07042  
1-866-242-4997**