

ABI ENDOWMENT FUND



Donor Information:

Date: _____

Name: _____

Company: _____

Address: _____

Amount of Recurring Charge _____

Beginning Date _____

Please check one of the following:

____ Monthly

____ Quarterly

____ Annually

OPTION 1: Checking Account Direct Debit:

Please transfer \$ _____ from _____ (Name of Financial Institution)

1. Bank Routing Number: _____

2. Account Number: _____

Account Type (Please Circle): Checking / Savings

I hereby authorize ABI to Debit my account on the recurring basis indicated above:

Signature: _____

Date: _____

OPTION 2: Credit Card:

Charge to Credit Card :

Acct. No. _____

Exp. Date _____ Signature _____

Please Return Completed Forms To:

ABI Endowment Fund
44 Canal Center Plaza, Suite 400
Alexandria, VA 22314
Phone 703-739-0800
Fax 703-739-1060
kshcehan@abiworld.org