



EFT Authorization Form

The Baby Fold is a non-profit 501(c)(3) organization.

The Baby Fold
108 East Willow Street
Normal, IL 61761
(309) 452-1170

Yes, I want to save time and money in supporting The Baby Fold through EFT.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Business Phone: (_____) _____

I authorize The Baby Fold to deduct from my

Checking Savings

account until further notice as follows:

\$ _____ Monthly (\$10 Minimum)

\$ _____ Quarterly (\$25 Minimum)

My company, _____, will match my gift. I enclose my employer's matching gift form indicating the total amount of my gift.

I enclose a voided, unused check for identification of my bank and account numbers.

Signature

Date Authorized

Please complete this form and mail it to:

Development and Public Relations
The Baby Fold
108 E. Willow Street
Normal, IL 61761

If you have any questions, please contact our Development and Public Relations office.
Phone: (309) 451-7206
Email: publicrelations@thebabyfold.org



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For Your Records

Amount authorized:

\$_____ monthly or

\$_____ quarterly.

The Baby Fold will receive your gifts on the *15th of each month*. If quarterly, gifts are received on the 15th of March/June/September/December.

Your gifts will appear on your bank statement automatically. You will also receive a gift receipt at year-end from The Baby Fold for your tax purposes.

To change the amount of your gift, please complete a new EFT Authorization Form.
A change of banks requires a new voided check for bank and account identification.
To cancel the EFT authorization, please notify The Baby Fold, giving 15 days' notice.

To make changes to your gift amount, please contact Development and Public Relations.

Phone: (309) 451-7206 Email: publicrelations@thebabyfold.org

Development and Public Relations

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