

Training Leaders International *Automatic Contribution Form: Two Options*

Electronic Funds Transfer (EFT) Service

1 If you wish to contribute monthly to the work of Training Leaders International, and prefer having your gift automatically transferred from your checking account, we offer a convenient EFT service. This free service is easy to set up. Simply complete the form below and return it to us. Your tax-deductible gift to Training Leaders International will be transferred on the 10th or 25th of each month, and each gift will be receipted.

Automatic Credit Card Billing

2 If you wish to contribute monthly to the work of Training Leaders International, and prefer having your gift automatically charged to a credit card, we offer a convenient billing service. This free service is easy to set up—just complete this form and return it to us. Your tax-deductible gift to Training Leaders International will be charged during the second week of each month, and each gift will be receipted. This service is available for your convenience, but we encourage you to not incur debt by contributing to Training Leaders International.

Note: Your EFT authorization remains in effect until you notify Training Leaders International that you wish to end this arrangement, which you may do at any time by calling or sending a note to Training Leaders International.

To set up an automatic contribution plan, please complete and return this form

Name _____			Email _____
Address _____			Phone Number _____
City _____	State/Province _____	Zip/Postal Code _____	Mail this form and your voided check for EFT to Training Leaders International: Post Office Box 310 Wheaton, IL 60187-0310
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually amount \$ _____			

Please choose one of the following:

<input type="checkbox"/> Electronic Funds Transfer from my checking account (attach a voided check — do not send deposit slip) Bank Name _____ I prefer a transfer date of the <input type="checkbox"/> 10th <input type="checkbox"/> 25th of each month Please begin billing (mm/yy) _____	<input type="checkbox"/> Automatic billing to my credit card (please use your billing address on this form) On the <input type="checkbox"/> 10th <input type="checkbox"/> 25th of each month please charge my: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX Credit Card Number _____ Expiration Date _____ Please begin billing (mm/yy) _____
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I authorize an automatic ☐ EFT or ☐ credit card billing each month. This authorization shall remain in effect until I notify Training Leaders International that I wish to end this arrangement, which I may do at any time by calling or sending a note to Training Leaders International.

Signature _____ Date _____