



MONTHLY GIVING AUTHORIZATION FORM

*Please feel free to enter your donation information yourself through our secure online web site: <http://reconciliationproject.org/2012/donate/become-a-partner-for-peace/>

Your Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Email: _____
I would like to make a monthly contribution to in the amount of \$_____/month

Checking/Savings: Complete this section if using your checking or savings account.
Please debit my (check one): <input type="checkbox"/> Checking acct (attach voided check) <input type="checkbox"/> Savings acct (attach voided deposite slip)
Routing Number: _____
Account Number: _____
I authorize the Iraqi and American Reconciliation Project to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.
Authorized Signature: _____
Date: ____/____/____

Credit/Debit Card: Complete this section if using your credit or debit card.	
Please charge my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Card Number: _____	Expiration Date: _____
Name on Card: _____	
Billing Address (if different from above): _____	
I authorize the Iraqi and American Reconciliation Project to charge the above card. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized Signature: _____	
Date: ____/____/____	

Bill Pay: You may also work with your bank to set up a recurring bill pay to the Iraqi and American Reconciliation Project, 416 E. Hennepin Ave. #116, Minneapolis, MN 55414.
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Contact: Please contact us with any questions at info@reconciliationproject.org . Or write us at 416 E. Hennepin Ave Suite 116, Minneapolis, MN 55414.
