



Global Fund For Widows

DIRECT DEPOSIT AUTHORIZATION FORM

Name: _____

Street: _____

City: _____ State: _____ ZIP Code: _____

E-mail: _____ Phone No: _____

I wish to give a monthly donation:

\$250/month \$100/month \$25/month Other \$_____/month

I wish to give a one-time donation in the amount of: \$_____

I (we) hereby authorize the Global Fund For Widows, hereafter called ORGANIZATION, to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository Name: _____

Branch: _____

City: _____ State: _____ Zip Code: _____

Bank Routing Number: _____

Account Number: _____

Signature _____

Or

Credit Card Type: _____

Name on Card: _____

Credit Card Number: _____

Expiration: _____

Please send form to:

Global Fund For Widows

245 W. 99th St

Suite 17a

New York, NY 10025

Thank you for your generosity!

www.GlobalFundforwidows.org