



Authorization Agreement for Monthly Donations

Mail: Completed form along with your check or donation information to:
POPSICLE Center, 8711 E Pinnacle Peak Road, #290, Scottsdale, AZ 85255

Email: Completed form with credit card donation information to:
support@popsicle.org or call in at 602-222-6222 or 800-233-4658

Donor Name: _____
 Address: _____
 City & State: _____ Zip _____
 Phone: (_____) _____ Email: _____

Recurring donation in the amount of \$ _____

Monthly Direct Payments (ACH Debits)

I hereby authorize P.O.P.S.I.C.L.E. Center® to debit entries to my account indicated below for the amount of the donation listed above on the 22nd of each month. If the 22nd falls on a weekend or holiday, I understand my account will be charged on the first following business day. This authority is to remain in full force and effect until P.O.P.S.I.C.L.E. Center® has received written notification from me of its termination. At the beginning of each calendar year, I understand that I need to resubmit this Authorization to continue.

A voided check must be attached to this Authorization Agreement Form

Type of Account: Savings Checking

Monthly Credit Card Donation

I hereby authorize P.O.P.S.I.C.L.E. Center® to automatically charge the following credit card for the amount of the donation listed above on the 22nd of each month. If the 22nd falls on a weekend or holiday, I understand my account will be charged on the first following business day. This authority is to remain in full force and effect until P.O.P.S.I.C.L.E. Center® has received written notification from me of its termination. As the beginning of each fiscal year, I understand that I need to resubmit this Authorization to continue.

Type of Credit Card: Visa MasterCard Discover

Credit Card #: _____ Billing Zip Code: _____

3 digit security code on back of credit card: _____ Exp: _____/ _____

Card Holder Signature: _____ Date: _____

In Honor of:

My Gift is in Honor of: _____

Please mail Acknowledgement of my gift to: _____

Acknowledgement's relationship to honoree: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____



Thank you for your continued support, we couldn't do it without you!

