



# IntelliChoice Donation Authorization Form

Prefer to donate online? Go to <http://www.intellichoice.org/donors/>

Fields marked with an **asterisk (\*)** are required.

## Donor Information

First Name \*

Last Name \*

Email \*

Phone Number (include area code) \*

Address \*

City

State

Zip Code

## Payment Amount

Recurring Payment

One-Time Payment

Date of First Payment

Monthly Donation (USD \$)

Amount (USD \$)

Month

Day

Year

## Payment Method

Billing Address (if different than Address above)

City

State

Zip Code

Bank Account

Please make checks payable to IntelliChoice, Inc.

Account Type

Checking

Savings

Routing Number

Account Number

Credit Card

Name on Card

Credit Card Number

Card Type

MasterCard

Visa

Expiration Date

Month

Year

I authorize IntelliChoice (IntelliChoice, Inc.) to charge my payment method above with the specified donation amount.

Signature \*

Date \*