



# Monthly Giving Options

Thank you for your interest in supporting the work of the Illinois Family Institute on a regular basis. Sustained, monthly givers are the backbone of our support and we appreciate your commitment to the work of IFI as we strive to defend marriage, life and the family in our state.

In order to facilitate the process for you, we have 3 payment options available – electronic deposit, credit card or check.

- If you would like to have electronic deposit – meaning our bank will automatically withdraw from your bank once a month – we will need a voided check from you to initiate that process.
- Monthly credit card donations require your card number (Visa or MasterCard) and expiration date.
- Or you may choose to send us a check every month.



◆ **Yes, I/we want to financially support Illinois Family Institute. Please accept my monthly gift of:**

- \$250       \$100       \$50       \$25       \$10       Other \$ \_\_\_\_\_

*I would like to pay my monthly donation via the following:*

- Electronic Deposit** (this option is the most efficient and economical for IFI)  
I authorize Illinois Family Institute to withdraw the above amount on or near the first of every month. I have enclosed a cancelled check so that my donation will be automatically deducted from my bank account.
- Credit Card** – I authorize Illinois Family Institute to charge my credit card every month for the amount shown above. Date of transaction (check one):  1st-10th -or-  15th-25th
- Visa     MasterCard    Expiration Date \_\_\_\_ / \_\_\_\_
- Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Security Code (3 digits on reverse) \_\_\_\_
- Check** – payable to Illinois Family Institute

**\*\*I understand that these donations will stay in effect until I contact IFI in writing to discontinue them.\*\***

◆ **I/we are not able to donate monthly at this time. Please accept this one time gift of \$ \_\_\_\_\_.**

- Check       Credit Card (info given above)

## PLEASE PROVIDE PERSONAL INFORMATION

Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Signature (required) \_\_\_\_\_