



Empowering urban youth to develop confidence, character and life skills

### Partnership Authorization Form (ACH / Credit Card)

To Return Completed Form:  
FAX: 630.844.0136 or MAIL: P.O. Box 7561 | Aurora | IL | 60507

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Payment Information

**Monthly Amount:**

\$50     \$100     \$300     \$500     Other \_\_\_\_\_

Start Date: \_\_\_\_\_

<input type="checkbox"/>	<p><b>Automatic Withdrawal From Checking Account (ACH)*</b></p> <p>Checking Routing # : _____</p> <p>Checking Account # : _____</p> <p>Withdrawal Date:    <input type="checkbox"/> 1st    <input type="checkbox"/> 15th</p> <p><i>* Please attach a voided check with authorization form.</i></p>
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<input type="checkbox"/>	<p><b>Credit Card Payment</b></p> <p>Type:    <input type="checkbox"/> Mastercard    <input type="checkbox"/> Visa    <input type="checkbox"/> American Express</p> <p>Credit Card # : _____</p> <p>Expiration Date: _____</p>
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Supporting: \_\_\_\_\_  
(Athletics, Academics, Arts, General Donation etc...)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_