

Monthly Contributor Program

Automatic Monthly Withdrawal Authorization Form

Yes! I want to add my name to the growing list of monthly contributors and become a recurring donor and maintain SNC monthly.

Full SNC membership benefits apply.

I hereby authorize Stokes Nature Center to withdraw a monthly donation in the amount and from the account indicated below:

Amount per month:

\$5 (\$60 per year)

\$10 (\$120 per year)

\$20 (\$240 per year)

\$50 (\$600 per year)

\$_____ Other

Transaction will occur on or around the 15th of each month.

Name: _____

PO Box: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone: _____

Account type: Savings or Checking

Please include a voided check or deposit slip to provide correct bank routing number.

To cancel, please call 435-755-3239 with one month notice.

Signature _____