

ABI ENDOWMENT FUND

**Donor Information:**

Date: _____

Name: _____

Company: _____

Address: _____

Amount of Recurring Charge _____

Beginning Date _____

Please check one of the following:

☐ Monthly☐ Quarterly☐ Annually**OPTION 1: Checking Account Direct Debit:**

Please transfer \$ _____ from _____ (Name of Financial Institution)

1. Bank Routing Number: _____

2. Account Number: _____

Account Type (Please Circle): Checking / Savings

I hereby authorize ABI to Debit my account on the recurring basis indicated above:

Signature: _____ Date: _____

OPTION 2: Credit Card:

Charge to Credit Card :

Acct. No. _____

Exp. Date _____ Signature _____

Please Return Completed Forms To:

ABI Endowment Fund
PO Box 7403
Merrifield, VA 22116-7403

For questions contact:

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