

PLAYMAKERS

CHARACTER AND LEADERSHIP ACADEMY

2795 E. Bidwell Street #100, Folsom CA 95630 • www.ThePlaymakers.org • 916-220-1284

Donation Form

Please scan or fax to: 916-983-0197.

Yes, I authorize The Playmakers to initiate periodic deductions from my account shown below, for the amount and period specified.

Monthly \$10 per month \$25 per month \$_____ per month

Quarterly (every 3 months) \$35 \$_____ OR Annually: \$100 \$_____

Choose your donation day of the month: 5th 20th

CONTACT INFORMATION:

Contact Name:

Contact Email:

Phone:

Home

Work

Mobile

Thank you for your donation.
We encourage our donors to visit
our program.

You can learn more on our website at
www.theplaymakers.org/visit.

Questions? You can contact Coach Roz
directly at (916) 220-1284.

The Playmakers Foundation is a 501(c)(3)
non-profit organization. ID: 26-4648226.

I understand this authority to remain in full force and effect until The Playmakers has received written notification from me of it's termination in such time and such manner as to afford The Playmakers and depositor a reasonable opportunity to act on it. I have the right to stop payment of a debit entry (deduction) to my bank account by notification to The Playmakers ten (10) business days or more before this donation is scheduled to be made.

Signature

Date _____

PAYMENT OPTIONS:

Write a check

Amount _____ Check # _____

Please send check to above address.

Credit/Debit Card Payment

(please circle one): Visa Discover Mastercard Amex

Name on Credit Card _____

Billing Street Address _____

City _____ State _____ Zip _____

Card Number:

Expiration Date: _____ 3-digit code: _____

EFT Debit Authorization

Yes, I authorize The Playmakers to initiate periodic deductions from my account shown below, for the amount and period specified.

Depository Information (Bank):

Bank Name

Bank Route Code (9 digits)

Bank Account #

Checking Savings Business Account

You may also provide a voided check for account verification.