

**YES! I will give \$20 to the Community Grant Fund, Here's How:**

- \$20/month
- Other amount \_\_\_\_\_/month
- Anonymous gift

Credit Card

Name \_\_\_\_\_

Card # \_\_\_\_\_

Exp Date \_\_\_\_\_ 3 Digit \_\_\_\_\_ Zip \_\_\_\_\_

I authorize LACF to charge my credit card \$20.00  
or other amount \$ \_\_\_\_\_ on the 15th of each month.

Signature \_\_\_\_\_

OR

ACH from Bank Account

I authorize LACF to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of an entry by notifying my financial institution 3 days before my account is charged.

Name of Financial Institution \_\_\_\_\_

Branch \_\_\_\_\_

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

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

Name (Please print) \_\_\_\_\_

Address (Please print) \_\_\_\_\_

Account No. \_\_\_\_\_ Checking \_\_\_ or Savings \_\_\_

Financial Inst. Routing No. \_\_\_\_\_

Name \_\_\_\_\_

Business (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

You may also bring directly to the office at 102 East Main. If no one is present, there is a secure lock box on the front door.