

# Panther Pack

## membership form

### GIFT INFORMATION

**Monthly gift amount:**

\$84  \$50  \$25  \$10  Other monthly gift amount: \$\_\_\_\_\_

*(\$10 per month is the minimum contribution)*

**Please designate my gift to:**

Greatest Need  General Scholarship  Future Connect

Other: *(please specify)* .....

### DONOR INFORMATION

**Name:** .....

**Address:** .....

**City:** ..... **State:** .....

**Zip:** .....

**Phone:** .....

**Email:** .....

### PAYMENT TYPE

**I wish to give by credit card**

Credit card type:  Visa  MasterCard  Discover  AmEx

**Card holder name:** ..... **Expiration date:** .....

**Credit card number:** ..... **CVV:** .....

**I wish to give by automatic deductions from my checking/savings account**

*Your automatic deduction will be made on the first business day of every month. **Please include a copy of a voided check.***

**Bank name:** .....

**Routing number:** .....

**Account number:** .....

**Account:**  Checking  Savings

Your signature authorizes the PCC Foundation to initiate a monthly debit entry on the first of each month from the above listed account. This authorization is to remain in full force and effect until either party gives written notice to the PCC Foundation within five business days of the monthly withdrawal date.

I understand that it is my responsibility to have sufficient funds available in my account on the withdrawal date. I further acknowledge that the PCC Foundation will not be liable for any charges, including and not limited to any charges related to items returned because of insufficient funds or late charges.

**Signature:** ..... **Date:** .....