



**Jamestown-Yorktown Foundation, Inc.
Annual Fund Monthly Giving Program**



1. Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Your phone number and email address will NOT be shared with any other organizations.

2. Donation Information:

I wish to become a member of the Jamestown-Yorktown Foundation, Inc. Annual Fund Monthly Giving Program. I pledge a monthly, tax-deductible contribution (payable by Credit Card) in the amount of:

\$10 \$15 \$25 \$50 Other: \$_____

3. Payment Information:

Please charge my credit card \$_____ per month. I have provided my credit card number below and signed the authorization.

Credit card type (Please check one) American Express Discover MasterCard Visa

Card #: _____ Exp. date: _____

Name on card: _____

4. Authorization:

This must be completed before we can begin automatic monthly giving contributions.

My authorization to charge my credit card shall remain in effect until I notify the Jamestown-Yorktown Foundation, Inc., in writing that I wish to end this agreement and they have had reasonable time to act on it. Please allow a minimum of 30 days. A record of each payment will be included in my credit card statement and will serve as my receipt. All fields are required.

Print full name: _____

Signature: _____ Date signed: _____

Mail to: Jamestown-Yorktown Foundation, Inc. • P.O. Box 3605 • Williamsburg, VA 23187-3605