

The Friends of St. Michael's

Name: _____

Address: _____

Phone Number: _____

_____ I intend to make monthly contributions

_____ I wish to remain anonymous

_____ I intend to make a yearly contribution

_____ I will continue my support

Signature: _____

Please return this form with your initial contribution to P.O Box 899, West Memphis, AR 72303

Bank Draft Authorization (optional)

This document authorizes St. Michael's School to draft monthly contributions from your bank account. This date will fall on the 20th day of each month. If the draft date falls on a weekend or bank holiday, the draft will be made on the first working day in advance. You must attach a voided check with this form for processing purposes.

Name: _____

Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Amount to be drafted: _____ Date to begin draft: _____

I authorize St. Michael's School to instruct my bank to draft my checking or savings account for my monthly contribution payments to the school's endowment and trust fund. I understand that in order to stop the bank draft, I must submit a request in writing no less than five (5) days prior to the draft date. This information is used solely for the purpose of consumer withdrawal.

Bank or Institution: _____

Account Number: _____

Routing Number: _____

Name on Account: _____

Signature of Account Holder: _____

Date: _____