



RECURRING DONATION FORM:

l,		(print name) g	ive permis	ssion to the English-
Speaking Union of the U				
\$ mor 20	nthly, though and incl	uding the month	of	, in
20				
I wish for this money to		_		
Signature:				
Name Printed:				
Date:				
Account information:				
Type of Card/ Account:				
Name on Card/Account:				
Billing address:				
	City		State	Zip
Card #:				
Security Code:				
Expiration Date:	/	_		
Phone number:				
Would you prefer for the	e debit to be processe	ed on a certain da	ay of the v	veek (i.e., the 1^{st} or
15 th):				