ALLIANCE DEFENDING FREEDOM

# *Recurring Monthly Giving*

Please fill out the form below and mail it back (including a voided check if choosing the recurring checking account option) to: **15100 N. 90th St. Scottsdale, AZ 85260**

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

I authorize my financial institution to debit **my checking account each month** for $ _____ . (Please include voided check)

I authorize Alliance Defending Freedom to charge my **credit card each month** for $_____ .

Card Number _____—_____—_____—_____

Expiration Date _____ Security Code (CSV) _____

*Gifts will be withdrawn or charged upon the receiving of this form and recur on that same date each month thereafter. We ask that you allow several business days for this to be processed. Your bank or credit card statement will show your monthly gift to Alliance Defending Freedom. You may increase, decrease, or stop your giving at any time by contacting Alliance Defending Freedom at 1-800-835-5233.*

Signature _____ Date _____

*Thank you!*

ECFA

ADF is recognized by the IRS as an organization exempt from taxation under Section 501(c)(3) of the Internal Revenue Service Code, and contributions are tax deductible to the extent allowed by law.