

**Please print out the following form, fill it out, and send it to:**

ACCTS  
P.O. Box 27239  
Denver, Colorado 80227.

**For additional questions or information, call (800) 487 - 8108**

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**I would like for my contributions be used for:**

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### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
\_\_\_\_\_

Address Line 1:  
\_\_\_\_\_

Address Line 2:  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Email address:  
\_\_\_\_\_

### Donate with a Check

**\*\* Please make your check payable to "ACCTS" and include it with this form.**

I would like to begin giving \$ \_\_\_\_\_ every month from this checking account. I understand that I will receive a receipt and a new envelope for the next month after my gift is processed.

I would like to designate this gift of \$ \_\_\_\_\_ as a special gift right now with this check.

Signature: \_\_\_\_\_