



Recurring Monthly Donation Authorization Form

The Recurring Monthly Donation Authorization Form is used for authorizing AORN Foundation to withdraw donations directly from the donor's credit/debit card account each month. Please complete all three sections. Donations are tax deductible as permitted by state and federal tax law.

SECTION 1: Gift

Monthly Gift Amount \$ _____ (minimum for monthly withdrawal is \$10)

Does your employer have a Matching Gift Program? ____ Yes ____ No

If Yes, please obtain and complete the appropriate matching-gift form from your employer and then mail to AORN Foundation.

SECTION 2: Personal Information and Authorization

Name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS:

I hereby authorize and request the AORN Foundation to make monthly withdrawals from the account indicated in the amount listed above. It is understood that this agreement may be terminated by me at any time by providing 30 days written notice to the AORN Foundation at 2170 S. Parker Road, Suite 400, Denver, CO 80231 or at foundation@aorn.org.

Signature: _____ Date: _____

SECTION 3: Payment Information (For Secure Processing, Orders can be accepted via secure fax or mail.)

Start Date: (mm/yy) ___/___ (withdrawals will be made on the last business day each month)

Credit Card Type:

___ Visa ___ MasterCard ___ American Express ___ Discover

Name on Credit Card _____

Credit Card Number _____ Exp. Date _____ CVV: _____

Signature: _____ Date: _____

Return By Mail: AORN Foundation, 2170 S. Parker Road, Suite 400, Denver, CO 80231

-or-

By Secure Fax: 844-241-4050

Thank you for your support!

