



Donation Card

Thank you for your support in helping us reach our goal! Please drop by your donation to Edge Teen Center or mail to 7568 Wyandot Lane Liberty Twp., Ohio 45044

Donor's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

**Monthly**

\$20

\$40

\_\_\_\_\_ other

**One Time Gift**

\$100

\$200

\$500

**PAYMENT:** Check \_\_\_ (payable to Axis Teen Centers)

**Credit Card:** Visa \_\_\_ MC \_\_\_ AMEX \_\_\_

**Credit Card #:** \_\_\_\_\_ **Exp.:** \_\_\_\_\_

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

**CREDIT/DEBIT AUTHORIZATION FORM**

"I hereby authorize Axis Teen Centers (dba: Edge Teen Center) to initiate entries to my checking/savings accounts at the financial institution listed below, or for the credit/debit card listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Axis Teen Centers is notified by me in writing to cancel it in such time as to afford Axis Teen Centers and THE FINANCIAL INSTITUTION or card-issuing company a reasonable opportunity to act on it."

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution - Branch, City, State, & Zip)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name - PLEASE PRINT)

\_\_\_\_\_  
(Address - PLEASE PRINT)

\_\_\_\_\_  
Financial Institution Routing Number

\_\_\_\_\_  
Checking/Savings Account Number:



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