



## Monthly Donor Program Electronic Funds Transfer

Your signature is required for electronic funds transfer. Please print and complete this form and mail to:

ORBIS International, Inc.  
520 8<sup>th</sup> Avenue, 11<sup>th</sup> Floor  
New York, NY 10018

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Amount: \$ 10 \_\_\_\_\_ \$15 \_\_\_\_\_ \$20 \_\_\_\_\_ Other \$ \_\_\_\_\_

- Enclosed is my check payable to "ORBIS" in the amount of my first month's contribution. I understand that future monthly gifts will be transferred directly from my account and will begin within about four weeks, and that a record will appear on my bank statement. (*All gifts provided to ORBIS originating as ACH transactions comply with U.S. law.*)

I authorize ORBIS to enroll me in the ORBIS Monthly Donor program.

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