

Evergreen Partner Monthly Donation

to Friends of Guéoul, Tax ID#84-0430609

I (we) hereby authorize Friends of Gueoul to initiate monthly Debit entries to my (our) checking or savings account (select one) as indicated below. This authorization is to remain in full force and effect until Friends of Guéoul has received written notification from me (or either of us) of its termination.

Amount per month:

- \$10 (keeps one girl in school for a year)
- \$20 (keeps two girls in school for a year)
- \$50 (keeps five girls in school for a year)
- \$100 (keeps ten girls in school for a year)
- \$ per month (surprise us!)

Name of bank

Your name(s) as it appears on bank account

Routing number

Account number

Date

Phone number

Your name printed

Signature

Signature

Your Name	1001	
Your Address		
	Date _____	
Pay to the order of _____	<input type="text"/>	
_____ Dollars		
Your Bank Name		
Memo _____		
⠆ 123456789 ⠆ 0000987654321 ⠆ 1001		
Routing Number	Account Number	Check Number