

# California Gamma Foundation

606 Michael Place  
Newport Beach, CA 92663  
(913) 220-7099

## ONE-TIME CREDIT CARD OR ACH Donation Authorization Form

For your donation to be automatically deducted from your bank account or charged to your credit card. Just complete and sign this form to get started.

### Here's How Payments Work:

You authorize a **one-time** charge to your checking/savings account or credit card. You will be charged the amount indicated below no later than 30 days from the date of this form. A receipt for the payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

### Please complete the information below:

I \_\_\_\_\_ authorize California Gamma Foundation to charge my credit card  
(full name)  
or account, indicated below for \$ \_\_\_\_\_ as a one-time donation.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

#### Checking/ Savings Account

Checking       Savings  
Name on Acct \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Bank Routing # \_\_\_\_\_  
Bank City/State \_\_\_\_\_



#### Credit Card

Visa       MasterCard  
 Amex       Discover  
Cardholder Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Exp. Date \_\_\_\_\_  
 I would like to cover credit card processing fees (5%)

#### Receipt Preference

Email       Mail

### (Optional) Please only complete if you'd like your donation recognized differently from your Full Name above:

Please mark my donation as from: \_\_\_\_\_

Please mark my donation as "Anonymous"

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization is for a one-time payment, and I agree to notify California Gamma Foundation in writing of any changes in my account information or termination of this authorization. If the payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that California Gamma Foundation may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute this transaction with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.

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## RECURRING CREDIT CARD OR ACH Donation Authorization Form

Schedule your donation to be automatically deducted from your bank account or charged to your credit card. Just complete and sign this form to get started.

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below on the dates or frequencies described below. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit."

You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

### Please complete the information below:

I \_\_\_\_\_ authorize California Gamma Foundation to charge my credit card  
(full name)

or account, indicated below for \$ \_\_\_\_\_ on the 1st  or 15th  of each month as a recurring donation.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

#### Checking/ Savings Account

Checking       Savings  
Name on Acct \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Bank Routing # \_\_\_\_\_  
Bank City/State \_\_\_\_\_



#### Credit Card

Visa       MasterCard  
 Amex       Discover  
Cardholder Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Exp. Date \_\_\_\_\_  
 I would like to cover credit card processing fees (5%)

#### Receipt Preference

Email       Mail

**(Optional) Please only complete if you'd like your donation recognized differently from your Full Name above:**

Please mark my donation as from: \_\_\_\_\_

Please mark my donation as "Anonymous"

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify California Gamma Foundation in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that California Gamma Foundation may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

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**CHECK Donation Form**

In order to make a donation via check, please complete and sign this form.

**Please make check payable to "California Gamma Foundation"**

A receipt for the payment will be mailed and/or emailed to you depending on your preference below.

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**Please complete the information below:**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

**Receipt preference**

Email

Mail

**(Optional) Please only complete if you'd like your donation recognized differently from your Full Name above:**

Please mark my donation as from: \_\_\_\_\_

Please mark my donation as "Anonymous"

**Thank you for your support!**

**Phi Alpha.**