



Remember Nhu

AUTOMATIC MONTHLY CONTRIBUTION AUTHORIZATION page one of two

PLEASE COMPLETE AND MAIL TO: Remember Nhu | P.O. Box 797 | Brunswick, OH 44212

PERSONAL INFORMATION

name:

address:

city, state, zip:

email:

phone:

church or congregation you attend (if applicable):

church or congregation city, state (if applicable):

how did you hear about Remember Nhu?

CONTRIBUTION INFORMATION

(all monthly payments taken on or after the 15th the month)

monthly giving amount:

receive email receipts (please circle): YES // NO

donation allocation (please circle):

general fund // sponsorship (please specify child) // visions trip // other (please specify)

www.remembernhu.org

Remember Nhu, a 501(c)(3) nonprofit, exists to eliminate the use of children in the sex trade industry all around the world.



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AUTOMATIC MONTHLY CONTRIBUTION AUTHORIZATION page two of two

AUTHORIZATION (two options)

option one: checking or savings account
(please attach a voided check or deposit slip to this form)

account type:

account number:

routing number:

branch name:

branch address:

option two: credit card

name as it appears on card:

credit card:

card number:

expiration date:

CVV/CCID code:

I (we) hereby authorize Remember Nhu and the depository institution named above to initiate electronic debit entries, and if necessary, credit entries to my account listed above. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authority is to remain in full force and effect until Remember Nhu has received written notification from me of its termination in such time and manner as to afford Remember Nhu and the depository institution listed above a reasonable opportunity to act on it.

print name:

signature:

date: