

SPONSORSHIP FORM

Date: _____ SPONSOR NAME: _____

Yes! I/we wish to be a Sponsor:

- Sponsor for on-going expense for education and activities for the children
- Sponsor for the Annual Tyler Azalea 10K and 5K Run
- Sponsor for the Annual Benefit Barrel Race

Preferred payment method:

- Monthly
- Quarterly
- Annually
- One Time gift

Please charge this one time gift in the amount of \$_____ to
_____ Mastercard _____ Visa Other _____

Card number: _____ Exp. date: _____ 3 digit code: _____

Cardholder name and address: _____

Contact phone number and/or email address: _____

Cardholder signature: _____

**Should you elect to initiate a credit card gift on a regular monthly basis, please print out this form as well as the form that follows.*

Enclosed is my check made payable to Children's Village and Family Services Agency

Please initiate a monthly automatic bank draft.
**Should you elect this option, please print out this form as well as the form that follows.*

Please send this form to: **Children's Village and Family Services Agency**
P.O. Box 6564
Tyler, TX 75711-6564

For additional information, call the office at (903) 592-3421 or email
kathy.s@childrensvillageoftexas.org

AUTOMATIC BANK DRAFT

Now your gifts can be put to use sooner! This new donor service saves you time and provides us with the regular and predictable support we need each month. What's more, your automatic giving greatly reduces administrative costs, enabling us to pass the savings on to the children through expansion of our existing programs. Of course, we appreciate your support, however you choose to give.

To enroll, please return the form below to **Childrens Village and Family Services Agency, P.O. Box 6564, Tyler, TX 75711-6564**. For more information, call our office at 903-592-3421 or email us at Kathy.s@childrensvillageoftexas.org

Share Your Love*****Automatic Monthly Gift Plan

Name: _____ Contact Info: _____

Plan A:

Yes, I want to give \$ _____ each month to help the children.

I (we) hereby authorize Children's Village to initiate a charge to my (our) checking/savings account at the Financial Institution indicated below and if necessary initiate adjustments for any transactions debited in error. This authority will remain in effect until Children's Village is notified by me (us) in writing to cancel it in such time as to afford Children's Village and the Financial Institution a reasonable opportunity to act on it. Enclosed is a copy of my canceled check to begin giving through automatic transfer.

_____ Location (City, State)

Financial Institution's Routing Transit Number: _____

Checking Account # _____ Or Savings Account # _____

_____ Date

Plan B:

I prefer to pay by credit card each month. _____ Mastercard _____ Visa

I authorize Children's Village to charge the following credit card in the amount of \$ _____ each month.

Card Number: _____ Exp. Date; _____

Cardholder name: _____ 3 Digit Code on back: _____

Please make my automatic gift transactions on the ____ 5th of each month or ____20th of each month

To change or stop my support, I will write to Children's Village, P.O. Box 6564, Tyler, TX 75711-6564

Name : _____ Address: _____

City: _____ State: _____ Zip: _____

Signature (Required) : _____ Date: _____