



ELECTRONIC FUNDS TRANSFER FORM

I would like to participate in funding Pennsylvania United Medical Association

Name: _____ E-mail: _____

Street: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Payment Options:

- 1) Checking *Note: For checking account authorization, attach a voided check below

I, _____, authorize my bank to make my donation
By direct debit to the checking account listed below, and post it to my account.

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

- 2) CREDIT CARD () Master Card () Visa

Account # _____

Expiration Date: ____ / ____ / ____

I would like to specifically donate to the work of:

Medical Clinics \$ _____ General Fund \$ _____
Children's Home \$ _____

Child Sponsorship (Name and/or Number) _____

Please Check One: Monthly Donation One-time Donation

I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue the EFT service, I will call or write PUMA's California office. Change of payment method will not affect other provisions and terms of my contract. I also understand that the EFT is scheduled on the 20th day of the month.

Donor's Signature: _____ Date: ____ / ____ / ____

PLEASE ATTACH VOIDED CHECK-staple here.

First, we would like to thank you for your consideration in joining us in bringing relief to some of the most desperately poor in the world.

Instruction:

Print a blank copy of this form.
Complete the necessary information, sign, and mail to:

Pennsylvania United Medical Association
PO Box 7072
Penndel, PA. 19047

For receipting or accounting matters, e-mail us at: donations@puma2000.org

For changes or discontinue of Electronic Funds Transfer service please write to:

Pennsylvania United Medical Association
P.O. Box 7072
Penndel, PA 19047

Or Call

215 750-8133