



MONTHLY SUSTAINER ENROLLMENT FORM

Name:		Contributed to APRL before (y/n)?:	
Street Address:			
City:	State:	Zip:	Phone: ()
Email:	Want email alerts (y/n)?	Want to volunteer (y/n)?	
Comments / Skills you would like to share:			

Tax Deductible Contribution of \$ _____ / month, made by credit card or check

Credit card type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express			
Credit card number:	<input type="text"/>	<input type="text"/>	Expiration: <input type="text"/>

OR

Bank Name:
Branch (city, state, zip):
Account number: <input type="checkbox"/> checking <input type="checkbox"/> savings
Routing number (9 digits):

I authorize the Animal Protection & Rescue League to charge my credit card or debit my bank account monthly for the amount entered above. I understand that I can call or write APRL any time to cancel or change my membership.

Authorized signature

Date