

**Donating to Family Care Foundation  
Via Automatic Bank Withdrawals (Electronic Transfer)**

If you would like to authorize Family Care Foundation to deduct your contributions by automatic deduction please:

1. Complete the form below.
2. Attach a voided, unsigned check to the form.
3. Return the original form and the voided check to FCF via fax (619-468-6996) or mail to: Family Care Foundation, PO Box 1039, Spring Valley, CA 91979
4. Retain a copy of this form for your files.

We will process your account for automatic donation as soon as possible after we receive your form. Thank you very much for your support!

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**ACH Authorization Form**

I hereby authorize Family Care Foundation to initiate debit entries to my account in the financial institution named below, and I authorize the bank to accept and to debit the amount of such entries to my account.

Bank Name: \_\_\_\_\_

Address of Bank \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Transit/ABA No. (first nine digits encoded on your check) \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type (check one)

Checking

Savings

Money Market

Amount of withdrawal: \_\_\_\_\_

To be withdrawn: Monthly  Quarterly  Yearly  on \_\_\_\_\_ each period.  
(date)

One time gift only

If you would like to designate your gift to a specific FCF Project, please include the Project's Name and Number. \_\_\_\_\_

Donor's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail Address (optional): \_\_\_\_\_ Phone: \_\_\_\_\_

Donor's Signature: \_\_\_\_\_