



Monthly Giving Program Enrollment Form

Name _____

Address _____

City _____

State _____ Zip Code _____

Telephone _____

Please email me the latest updates and free e-newsletter at:

Email Address _____

I would like to make an **automatic monthly gift of:**

\$25 \$50 \$75 \$100 \$Other _____

Option 1: By Credit Card

Please charge my gift each month to:

Visa MasterCard American Express Discover

Credit Card Number _____

Expiration Date _____

Name *(as it appears on your credit card)* _____

Signature _____ Date _____

Option 2: By Direct Debit

If you would like to pay by direct debit from your checking account each month, please enclose a voided check. Your future monthly gifts will be transferred from your checking account.

Signature _____ Date _____

Thank you for your generosity. All contributions are tax deductible. ICE-Africa is recognized as tax exempt under section 501(c)(3) of the Internal Revenue Code, Tax ID #83-1526845