



Date: _____

Donation for (Please check all that apply):

General Foundation
In The Line of Duty

*Name: _____

Company/Organization: _____

*Phone: _____ *Address: _____

*City: _____ *State: _____ *Zip: _____

Email: _____ Please add me to e-mail list

***Required**

Bank Transfer Authorization

I, _____, hereby authorize the *Tunnel to Towers Foundation* to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debit against my account must comply with the United States law.

Terms of Billing:

- One time on ____/____/____ for the amount of \$_____
- Monthly for the amount of \$ _____
 - On the 1st of the month
 - On the 15th of the month
 - Other _____

Banking Information

Banking Type: _____ Banking Institution: _____

- Checking
- Savings
- Business

Routing Number: _____ Account Number: _____

This payment authorization is to remain in effect until I, _____, notify *Tunnel to Towers Foundation* of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

(Donor Signature) (Donor Printed Name) (Date)

WE THANK YOU FOR YOUR GENEROUS CONTRIBUTION AND CONTINUED SUPPORT!
Tunnel to Towers Foundation is recognized by the IRS as a 501 (c)(3) tax exempt organization. Our EIN number is 02-0554654. Please consult with your tax adviser regarding the deductibility of your contribution

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