

Monthly Recurring Donations

Giving Level:

- \$2,500
 \$1,000
 \$500
 \$250
 \$100
 \$50
 Other Amount \$ _____

Credit Card:

Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____

Deduction Date: 1st of Month
 15th of Month

I hereby authorize Lifeworks Services, Inc. to make current and future monthly donation charges to the credit card listed above, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until I notify Lifeworks Services, Inc., in writing, to cancel it in such time as to afford Lifeworks Services, Inc. a reasonable opportunity to act on it.

Signature: _____ **Date:** _____

Return Form to:

Email -	ardeposit@lifeworks.org
Fax -	Attn: Accounting (651) 454-3174
Mail -	Lifeworks Services, Inc. Attn: Accounting 2965 Lone Oak Dr. Suite 160 Eagan, MN 55121