



Mailing Address: 8605 Explorer Dr. Colorado Springs, CO 80920

One-time Donation Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Gift Amount \$ _____

Payment Method: ☐ Check

☐ Credit Card: _____ Expires ____/____

☐ EFT: Routing: _____ Account: _____

- ***If you would like to initiate a recurring electronic funds transfer (EFT) ACH contribution through your bank account, fill out form on second page and return to Focus on the Family. Page 1 is for one-time donations only.***

Focus on the Family is a public charity exempt from federal income tax as an organization described in Section 501(c)(3) of the Internal Revenue Code. All contributions to the Organization are tax deductible to the fullest extent allowed by law. Our policy is to apply all gifts given toward a specific program to that program. Occasionally, we receive more contributions than can be wisely used toward a specific project - when that happens, we use these funds to meet other pressing needs that spread the Gospel of Jesus Christ by helping to preserve traditional values and the institution of the family. Focus on the Family is a member of the Evangelical Council for Financial Accountability. A copy of Focus on the Family's annual financial report and a full description of the organization's charitable purposes and activities may be obtained by contacting Focus on the Family at 8605 Explorer Drive, Colorado Springs, CO 80920 – (800) 232-6459. A copy of Focus on the Family's annual report is available for download on our website.

Source Code: 152802



AUTHORIZATION TO INITIATION ACH DEBIT ENTRIES

Name of Company: Focus on the Family
8605 Explorer Drive Colorado Springs, CO 80920
Phone: (800) 232-6459 Fax: 719-531-3424

Thank you for your desire to support Focus on the Family. We appreciate your investment in our ministry. To initiate an electronic funds transfer contribution, we ask that you please print and fill out the information below. This is to verify, in writing, authorization for your donation according to NACHA compliance rules for ACH debit transactions. To see these rules in their entirety please visit: <https://www.nacha.org/rules>

CUSTOMER INFORMATION

I authorize Focus on the Family to deduct from my account as indicated (this includes my authorization for Focus on the Family to reverse any charges made in error). This authority will remain in effect until I give written or verbal notice (via one of the contact methods noted above) to change or cancel. I understand all changes to this agreement may take three to six weeks to be processed.

Full Name on Account: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Account #: _____ Routing #: _____

Account Type (select one): ☐ Checking ☐ Savings

New recurring ACH Request: ☐ Updated bank information for existing recurring ACH: ☐

Debit Payment Details Amount: _____

Day of Withdrawal: ☐ 10th ☐ 25th

Frequency: ☐ Monthly

Program I would like to support with my recurring contribution: ☐ Friends of Focus on the Family (General fund)
☐ Option Ultrasound Life Advocate (Pro-life fund)

Customer Signature: _____ Date: _____

(Authorized Signer for Account)

Print Name: _____

Please mail or fax this completed form back to Focus on the Family at your earliest convenience.

Focus on the Family
8605 Explorer Drive
Colorado Springs, CO 80920 Fax: 719-531-3424