



American Tinnitus Association

Monthly Giving Program Enrollment Form

By participating in the American Tinnitus Association's (ATA) Monthly Giving Program, you will:

- Provide regular & needed support to ATA
- Forget about writing checks & using stamps
- Reduce ATA's mailing costs to increase support for tinnitus patients
- Help put your contributions to work faster

ATA's guarantee to every monthly giving program donor:

You maintain control of your donation. If you wish to change or cancel your gift, simply e-mail dan@ata.org, call (800) 634-8978 x 221 or send us your request in writing (please see address listed below).

Yes! Sign me up!

Yes, I support the work of ATA and would like my monthly gift to be:

- \$100
 \$50
 \$25
 \$10
 \$5
 Other \$_____

Checking Account Option:

I authorize ATA to initiate monthly debit entries to my checking account. I have enclosed a voided check from that account.

Signature: _____ Date: _____

Credit Card Option:

I authorize ATA to initiate monthly credit entries to my credit card.

Card #: _____ Exp. Date: _____

Signature: _____ Date: _____

Name: _____ ATA Member ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

ATA monthly gift transfers comply with U.S. law. ATA charges your bank or credit card on, or near, the 15th of each month. A record of each gift will appear on the monthly statement issued by your bank or credit card. ATA will provide you with a year-end statement of total annual contributions.