



Authorization Agreement for ACH Payments to the Warren County Historical Society

Charitable Donation Options

Please consider giving to one of these levels:

- The Harmon Fellowship \$25,000 and up
Trustee's Circle \$10,000 - \$24,999
The Armstrong Society \$5,000 - \$9,999
The Director's Club \$1,899 - \$2,400
Ambassador \$1,000 - \$1,898
Benefactor \$500 - \$999
Museum Patron \$25 - \$499

- I have enclosed a one-time donation
I wish to make my donation over a 3-year period
I wish to make my donation over a 5-year period

I wish to automatically pay my donation of \$ Monthly Quarterly Annually

Personal Information

Name Corporation
Address City Zip
Phone Email

Credit/Debit Card Information

Name as it appears on the card
Credit Card # Expiration Date / /
CV Zip

ACH-Financial Institution Information

Financial Institution's Name
ABA Routing # Account #
Address State Zip

Authorization

I hereby authorize The Warren County Historical Society to withdrawal payments from the account(s) listed above. This authority is to remain in full force and effect until written notice from me has been received by the company in such a manner as to afford reasonable time to act on it.

Date Signature