



The Note-Ables

Monthly Giving Form

Name: _____
Billing Address: _____ Apt: _____
City: _____ State: _____ Postal Code: _____
Phone Number: _____ E-mail: _____

I would like to contribute the amount selected below as a **monthly** contribution to The Note-Ables:

- \$5 (annual contribution of \$60)
- \$10 (annual contribution of \$120)
- \$20 (annual contribution of \$240)
- \$25 (annual contribution of \$300)
- \$50 (annual contribution of \$600)
- \$_____ (annual contribution of \$_____)

Payment Method:

- I have enclosed post-dated checks.
- Please charge my credit card on the **15th** of each month.
 - Visa
 - Mastercard

Card number: _____

Expiration date: ___/___

Please begin my monthly contribution on the 15th of (month/year) ___/___ and end on (month/year) ___/___.

I understand that I can cancel my monthly contribution at any time by calling 775.324.5521. By signing I authorize The Note-Ables to charge my card and/or deposit my check for the above designated amount on the **15th** of each month for the time designated above or for the period of **one year**.

Name (printed): _____

Signature: _____ Date: _____

Thank you for your continued support of The Note-Ables!

PO Box 428, Sparks NV 89432

775.324.5521