

Please Print, Complete the Form and Mail to:

Operation Kindness
ATTN: EFT Donations
3201 Earhart Drive
Carrollton, TX 75006



Operation Kindness Automatic Contribution Form

I authorize my bank to pay Operation Kindness the amount indicated, on the day below. This authorization will be the same as if I had personally signed a check and will remain in effect until I notify Operation Kindness, in writing, that I wish to discontinue the gifts.

On the **3rd** or **18th** (circle one) day of each month beginning _____, 200____, please debit my account for the following amount:

\$10___ \$15___ \$20___ \$25___
\$50___ \$100___ Other \$_____

Name _____

Address _____

City/State/Zip _____

Phone _____

Signature _____ Date _____

*Please include a voided blank check
(no deposit slips) and mail to*
**Operation Kindness
3201 Earhart Drive
Carrollton, TX 75006**