New England Coalition Member Donor Form

[] Yes! I am	giving \$to support New E	ngland Coalition's work.
[] Check 6	enclosed [] Please bill my credit card	[] Visa [] MasterCard
Name		A a a sured a sured a su
Address		Account number Expiration Date: / / //month//cor/
City, State, Zip		Expiration Date:/ (month/year) Security code*
Email:		*three digit code on back of card
Date:	Signature:	
[] I prefer to	give a monthly pledge of \$	per month.
[] I will	send a check each month [] Ple	ase bill my credit card
[] Plea	ase debit my bank account each month	(fill out form below)
Authorizatio	on Agreement for Pre-authorized Payn	nents
Name of Accordance Bank Name	t entries to my (our) savings/checking accour England Coalition. unt and Address	
	State_	
	lumber	
	per	
Please pay \$_	(amount) from my (our) acco	unt above on or about theday of
each month, st	tarting(date), to:	
	New England Coalition c/o Brattleboro Savings & Loan, 221 Ma Bank Routing # 211672476 Account # 500317096	ain Street, Brattleboro, VT 05301
	to remain in full force and effect until I notify Ban to afford Bank a reasonable opportunity to act on	
Date	Signed	

Please Return Completed Form to: