



“Our Kids, Our Community” Annual Giving Campaign — Gift/Pledge Form

This gift made by: (Please print)

Name(s): _____
 Company (if applicable): _____ Title: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email*: _____
 Signature: _____ Date: _____

**In order to reduce our printing and postage costs, we will use the email address you provide for future correspondence. You can opt-out of receiving such emails at any time by letting us know at: info@MassenaPAL.com*

I/We are pleased to support “Our Kids, Our Community” Campaign by making the following contribution:

- A one-time donation of \$ _____ .
- A pledged donation of \$ _____ to be contributed in installments of \$ _____ on this basis (check box that applies): annually quarterly monthly.

Please select from the following options:

- A check for \$ _____ is enclosed, payable to: **Police Activities League of Massena.**
- Please charge \$ _____ to my: Visa MC Discover Expires: _____
 Card #: _____ CVV/CID: _____ Signature: _____
 Name: (as it appears on card) _____
 Billing Address: (if different than above) _____
 City: _____ State _____ Zip: _____ Phone: _____

- Automatic Credit/Debit Payment Authorization** for recurring pledges: I authorize the *Police Activities League of Massena* to charge my credit/debit card, indicated above, for \$ _____ on the (Select one) _____ for payment towards my **total pledge. I understand that this authorization will remain in effect until I cancel it in writing or my pledge is fulfilled, whichever comes first.** I agree to notify the *Police Activities League of Massena* in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.

Quarterly payments months are January, April, July and October.

If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non Sufficient Funds (NSF), I understand that the *Police Activities League of Massena* may at its discretion attempt to process the charge again within 30 days and I agree to an additional charge equal to the fees charged for each attempt returned as NSF. Any NSF charges will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit/debit card and will not dispute these scheduled transactions with my bank or Credit Card Company so long as the transactions correspond to the terms indicated in this authorization form.

- Please send me an invoice.

Special Instructions: (check all that apply)

- I/We would like to be recognized as a Campaign donor **OR** I/We wish to remain anonymous.
- My employer will match this gift.
- This gift is in (circle one) memory of/honor of (please print): _____.

We are tremendously grateful for your support!

Mail to: **Police Activities League of Massena, 30 Bayley Rd, Massena NY 13662**
info@MassenaPAL.com · www.MassenaPAL.com · phone: 315-705-6075