

WOODLAWN FOUNDATION CONTRIBUTOR FORM

Bank Draft Payment Option to Help Support the Saxum Campaign

I would like to make donations to the Woodlawn Foundation by bank draft to support the Saxum Campaign. I understand that I can change or discontinue these drafts at any time by writing or calling the Woodlawn Foundation. Quarterly, or semi-annual donations schedules are available on request.

I would like to make an ongoing monthly contribution of \$_____

____ I authorize Woodlawn Foundation to create a recurring checking account bank draft based on the above ongoing contribution schedule. Enclosed is a copy of my voided check.

Today's Date: _____

Signature or Type in Name

Correspondence Information:

Name (include Mr. and Mrs., Mr., Mrs., Miss, Ms., Dr., etc.)

Address

City

State

Zip

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Phone

E-mail

Woodlawn Foundation Inc., 56 Harrison St. Suite 401, New Rochelle, New York 10801

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