

Académie Lafayette

Annual Fund Donor Registration Form

Donor Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Donor Recognition:

Please use the following name(s) in all acknowledgements: _____

I (we) wish to remain anonymous (Donors who do not check this box will have their names listed in the school's Annual Report on Giving)

Gift Information:

The total amount of my gift is: _____. This is a one-time gift multiple gift

My gift will be matched by: _____

All donations are acknowledged within 2 weeks of receipt. A written gift summary containing a listing of all donations received within the calendar year is mailed annually on or before January 31st.

Payment Terms:

I (we) plan to make my (our) contribution in the form of:

Online: I will make an online, secure donation at www.academielifayette.org

Check: Please bill me: monthly quarterly yearly

Credit Card: Please charge my: Visa MasterCard Amex Discover

Number: _____ Expiration Date: _____

EFT: Please withdraw funds directly from checking savings (select one) account on a monthly basis, beginning on _____ (date) and ending on _____ (date).

Routing Number: _____ Accounting Number: _____

Agreement: I authorize Académie Lafayette and Vanco Services, LLC to process debit entries to my account and understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Signature

Date

*Académie Lafayette is a 501(c)(3) non-profit organization; donations are tax deductible to the extent allowed by law.
Thank you for your support!*

Please email this form to Shelly Doucet, Director of Development
sdoucet@academielifayette.org 816-886-8760