



Family Giving Circle - Automatic Debit/Credit Authorization

Please read the following important information concerning your automatic debit/credit card charge authorization.

I authorize Ability Beyond Disability to charge my debit/credit card for payments of \$ _____ on a (please circle one) monthly/yearly/quarterly basis. In making this authorization, I agree to the following terms: Ability Beyond Disability will apply all payments charged to my credit card to my pledge and each charge to my credit card will occur according to the payment plan I authorized, starting on _____ (indicate date). This authority is to remain in effect until revoked by me in writing. I have the right to stop the charge with 30 days written notification to Ability Beyond Disability.

Your credit card statement will reflect the date and the amount of the charge and Ability Beyond Disability.

Cardholder Name (as it appears on the card): _____

Credit Card Number: _____

Expiration Date: _____ CVV #: _____ Phone #: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Family Circle Name: _____

Please mail completed form to:

Ability Beyond Disability
ATTN: Alice Meenan, Development
4 Berkshire Blvd.
Bethel, CT 06801

OR

Please fax completed form to:

203.775.8308*

*Thank you for helping
Ability Beyond Disability
discover, build and celebrate
the ability in all people!*

**If you choose to fax your form, please call ahead to help us ensure the privacy of your financial information. You may contact Alice Meenan at 203.826.3182 or Lisette Depew-Kubie at 203.826.3019 when you are ready to fax your membership form.*