



# **Family Giving Circle - Automatic Installment Agreement (non debit/credit card users)**

Please read the following important information concerning your payment scheduling for the Ability Beyond Disability Family Giving Circle program.

I authorize Ability Beyond Disability to bill me 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 family giving circle pledge and each invoice sent will be according to the payment plan I authorized, effective \_\_\_\_\_ (enter start date). This agreement is to remain in effect until revoked by me in writing. I have the right to stop being charged with 30 days written notification to Ability Beyond Disability.

Your invoice will reflect the amount of the installment due to Ability Beyond Disability and the due date.

Family Circle Name: \_\_\_\_\_

Member Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail completed form to:**

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

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

*\*You may contact Alice Meenan at 203.826.3182 or Lisette Depew-Kubie at 203.826.3019 with questions regarding your membership form.*