

AUTHORIZATION OF
ELECTRONIC FUNDS TRANSFER TO
WESTERN STATES CENTER

I would like to donate \$ _____

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Until further notice |
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> Until _____ |
| <input type="checkbox"/> One Time | |
| <input type="checkbox"/> Other _____ | |

I hereby authorize Western States Center to electronically transfer funds the above funds from the designated account. (Attach voided check or deposit slip.)

Name _____

Address _____

City, ST ZIP _____

Phone _____ Email _____

Mail to:

Western States Center
PO Box 40305
Portland, OR 97240

Staple Voided Check Here: (Do not use deposit slip.)