



YES!

Please sign me up for the **Yantalo Peru Foundation Ez Donation Program**

You can share in our commitment to improve the Health and Education of the people of Yantalo. When you participate, your gift will be transferred conveniently each month from your [1] checking or [2] credit card account directly to the **YANTALO PERU FOUNDATION**.

Your gift will immediately help the people who are served by your generosity and our mission. Additionally it will reduce our administration costs, and allow for a more predictable cash flow toward our mission.

A record of each gift will appear on your monthly bank or credit card statement. You may increase, decrease or suspend your gift at any time by contacting us at 847 561 5732, by writing to the Yantalo Peru Foundation at 14978 W 173, Rumi Lane - Wadsworth, IL 6083, or via E-mail to info@yantalo.org.

All gifts provided to the Yantalo Peru Foundation originating as ACH transactions comply with U.S. law.

Here's how to join . . .

1. Use this form to indicate the amount you want to contribute each month from your account. Indicate amount here and keep for your records: \$ _____
2. Be sure to sign your name and indicate the date.
3. Return the completed enrollment form with a check for your first month's gift. Your **Yantalo Ez Donation Program contributions** will begin transferring in about four weeks.

Please KEEP this form for your records

The **Yantalo Peru Foundation** thanks you for your generous gift!

YES! Please sign me up for the **Yantalo Peru Foundation "Ez Donation Program"**

With a monthly gift of: ___ \$50 ___ \$100 ___ \$250 Other: _____

On the: ___5th or ___20th of each month

Inflation Guard: I authorize Yantalo Peru Foundation to increase my monthly gift 5% on each 12-month anniversary of the initial transfer. _____ (Initials required)

[1] Enclosed is a check for my first month's gift. Please transfer my monthly gifts from my checking account. I understand my future gifts will be transferred directly from my account.

OR

[2] Here is my credit card information. Please transfer my monthly gifts from my credit card. I understand my future gifts will be transferred directly from my credit card. We accept Visa and MasterCard.

Card#: _____

Exp. Date: ___/___/___

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

E-mail: _____

Signature: _____

Date: _____

For Office Use Only: _____

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