

The Ability Experience Annual Fund Pledge Card



Yes! I believe in the mission of The Ability Experience and will support the Annual Fund.

\$1,000 \$500 \$250 \$100 \$75 \$50 \$25 Other \$ _____

One-time Gift Monthly Quarterly Auto-transfer from checking account Credit Card Check

Pay by credit card:

I am making a one-time gift with the below credit card info

Begin my monthly gift of \$_____ on: 1st 15th of (insert month)

Begin my quarterly gift of \$_____ on: (insert month) (insert year)

CREDIT CARD INFORMATION

CARD NUMBER: _____

EXP. DATE: _____ VERIFICATION CODE: _____

NAME ON CARD: _____

BILLING ADDRESS: _____

EMAIL: _____ PHONE: _____

Pay by auto-transfer from checking account:

Begin my monthly gift of \$_____ on: 1st 15th of (insert month)

Begin my quarterly gift of \$_____ on: (insert month) (insert year)

CHECKING ACCOUNT INFORMATION

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

Please attach a voided check. Note: we are required to collect a voided check; a deposit slip WILL NOT meet this requirement.

Please see reverse side of this form for statement of authorization and other important information.

STATEMENT OF AUTHORIZATION

I authorize The Ability Experience to initiate the credit card charge or automated clearing house (ACH) withdrawal as indicated above. I understand that a record of each donation will be included on my monthly credit card or bank statement and that The Ability Experience will send a receipt showing the total of all recurring gifts for the calendar year following the end of each calendar year. I may change or cancel this recurring payment by notifying The Ability Experience in writing. All notifications must be received by the first of the month in order to alter the month's transaction.

If I have elected to pay by credit card, I agree to abide by all terms and conditions of my credit card agreement.

If I have elected to pay via ACH, I authorize my financial institution to transfer the amount indicated on the attached voided check to The Ability Experience. Adjusting entries to correct errors are also authorized. It is agreed that these debits and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA). This authorization is to remain in full force and effect until written notification is given to The Ability Experience of its termination.

SIGNATURE:

DATE:



ABOUT THE ABILITY EXPERIENCE

MISSION: We use shared experiences to support people with disabilities and develop the men of Pi Kappa Phi into servant leaders.

VISION: Create a community, one relationship at a time, where the abilities of all people are recognized and valued.

The Ability Experience (formerly known as Push America) is a 501(c)(3) nonprofit organization that serves people with disabilities. The Ability Experience was founded in 1977 as the national philanthropy of Pi Kappa Phi Fraternity with the purpose of instilling lifelong service in its members and enhancing the quality of life for people with disabilities.

PLEASE MAKE CHECKS PAYABLE TO: The Ability Experience | P.O. Box 241368 | Charlotte, NC 28224

Financial information about this organization and a copy of its license are available from the state solicitation branch by calling 1-888-830-4989. The license is not an endorsement by the state. Your contribution is tax deductible to the extent by law. 100% of contribution received by The Ability Experience. Registration number: 58-1588777.