

# Yes, I'll help ERI train pro-life advocates to think clearly, reason honestly and argue persuasively.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel \_\_\_\_\_

Email \_\_\_\_\_ Gift designation \_\_\_\_\_  
(Staff member or general fund)

Check enclosed (payable to **Equal Rights Institute**) Frequency (please circle) **Monthly** **Quarterly** **Annual** **One-time**

Form for Authorization Credit Card Charge enclosed (see below)

Form for Automatic Bank Withdrawal enclosed (see below) Gift amount \_\_\_\_\_

Please check one

MasterCard

Visa

Discover

## AUTHORIZATION FOR CREDIT CARD CHARGE

(For Credit Card Donation, fill out this section and the top section.)

Credit Card Number \_\_\_\_\_ Name(s) \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_ Verification Code \_\_\_\_\_

(Last three digits on the back of the credit card)

Initial **BELOW** to authorize **PERIODIC** credit card charge

Monthly \_\_\_\_\_ Bi-Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Annually \_\_\_\_\_

*This authority is to remain in full force and effect until Equal Rights Institute has received my written notice of termination.  
(Please allow 30 days for processing. Card will be charged around the 20th of the month.)*

## AUTHORIZATION FOR BANK ACCOUNT DEBITS

(For automatic bank withdrawal, fill out this section and the top section.)

I (we) hereby authorize **Equal Rights Institute** to initiate monthly debit entries to my (our) account indicated below.

FINANCIAL INSTITUTION NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNT # \_\_\_\_\_  Checking  Savings AMOUNT \$ \_\_\_\_\_

This authority is to remain in full force and effect until *Equal Rights Institute* has received my written notice of termination.  
(Please allow 30 days for processing.) I also agree to notify *Equal Rights Institute* 30 days prior to any financial institution or account changes.

Name(s) \_\_\_\_\_  
(please print)

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(only one signature needed)

Effective: \_\_\_\_\_ (account is debited on 20th of each month)  
(month and year)

**Please attach  
voided check.**

For ERI Office Use Only:

Date processed \_\_\_\_\_

Transit/ABA# \_\_\_\_\_

Initials \_\_\_\_\_

Please attach voided check and return to:  
Tel. (559) 593-8700

Equal Rights Institute, PO Box 946, Clovis, CA 93613  
Email: [josh@joshbrahm.com](mailto:josh@joshbrahm.com)