

**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) ☐ I'd like to pay the processing fee so 100% of my donation goes to Equal Rights Institute

☐ Form for Automatic Bank Withdrawal enclosed (see below) Gift amount _____

Please check one

☐ MasterCard

☐ Visa

☐ Discover

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 \$ _____

**Please attach
voided check.**

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 and return to:

Equal Rights Institute
288 Egg Harbor Road, Suite 9, PMB #1027
Sewell, New Jersey 08080
Email: info@EqualRightsInstitute.com

For ERI Office Use Only:

Date processed _____

Transit/ABA# _____

Initials _____

ERI has approved 501c3 status from the IRS. All donations are tax-deductible