

## MONTHLY GIVING PROGRAM AUTHORIZATION

*For your safety and to ensure proper receipt procedure, please complete form and mail or fax directly to:*



AMAAM – African Mutual Assistance  
Association of Missouri  
2348 Tennessee Avenue  
St. Louis, MO 63104  
Tel: 314-776-8885  
Fax: 314-776-0401

**NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

(APT)

(STREET)

(CITY)

(STATE)

(POSTAL CODE)

**MONTHLY PLEDGE AMOUNT:** \_\_\_\_\_ **Note:** TRANSFERS WILL TAKE  
PLACE FIRST DAY OF MONTH

**FIRST GIFT DATE:** \_\_\_\_\_

**FINAL GIFT DATE:** \_\_\_\_\_, **OR ONGOING GIFT:**

**Please Check One:**

**DIRECT DEBIT** (Please Enclose a Voided Personal Check)

**VISA** or  **MASTERCARD**

**CARD NUMBER:** \_\_\_\_\_ **Expiration DATE:** \_\_\_\_\_

**CARD HOLDER NAME:** \_\_\_\_\_  
(if different from above)

**SIGNATURE:** \_\_\_\_\_  
(Required on file for verification purposes)

**Would you like to receive our Adaptation newsletter**

**through the mail?** Yes  No

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