# Denver Children's Advocacy Center

## Champion of Children

2149 Federal Boulevard
Denver, CO 80211-4639

ph: 303-825-3850
fax: 303-825-6087

## Yes - Please sign me up!

Name _____

Company _____

Address _____

Street _____

City _____ State ☐☐

Zip ☐☐☐☐☐ - ☐☐☐☐

Telephone ☐☐☐ - ☐☐☐ - ☐☐☐☐

email: _____

| I will pay by: | | Frequency: | | Amount of Each Gift: | |
|---|---|---|---|---|---|
| Auto Pay** | ☐ | Monthly | ☐ | $83.33 | ☐ |
| Check | ☐ | Quarterly | ☐ | $250 | ☐ |
| Credit Card | ☐ | Annually | ☐ | $1,000 | ☐ |
| Bill me please! | ☐ | One Time | ☐ | Other | ☐ |

$ _____
amount

Bank Routing and Transit Number ☐☐☐☐☐☐☐☐☐

Bank Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Credit Card ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Credit Card No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration ☐☐/☐☐

Name as it appears on credit card _____
print please…

Billing address for credit card if different from above:

Address _____

Street _____

City _____ State ☐☐

Zip ☐☐☐☐☐ - ☐☐☐☐

I hereby authorize Denver Children's Advocacy Center to charge the specified credit card for payment of my commitment as a Champion of Children. I understand that my participation in Auto Pay will remain in effect until cancelled in writing by me or the credit card issuer.

Signature _____ Date _____

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