



Recurring Giving Staff Authorization

Name _____ Employee No. _____ Community _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ E-Mail _____

I understand my Recurring Giving is to be used solely as a contribution for the charitable activities of Acts Legacy Foundation. I understand I may stop my Recurring Giving by notifying the Foundation. For tax purposes, a summary of my charitable gifts will be sent to me in January.

How do you want to give?

Payroll Authorization

I authorize Acts Retirement-Life Communities to add \$_____ each payroll.

Automatic Credit Card Billing Authorization

I authorize Acts Legacy Foundation to add \$_____ each month to my credit card. *Recurring credit transactions will occur on the 15th of each month. If the 15th falls on a weekend, the transaction will be processed the following Monday.*

Authorization:

Signature _____ **Date** _____

Where do you want to help?

Please designate my gifts to the following Fund:

- Acts Employee Catastrophic Fund
- Acts Corporate University Fund
- J. Mark Vanderbeck Memorial Scholarship Fund
- Other _____

Please fill out the following only for Automatic Credit Card Billing:

- Visa Mastercard Discover American Express

Name as it appears on the card _____

Signature _____ Date _____

□□□□-□□□□-□□□□-□□□□

Expiration Date □□-□□-□□ CCV# □□□ on card back

Return to:

Acts Legacy Foundation
420 Delaware Drive, P.O. Box 2222, Fort Washington, PA 19034