



# CAMPFIRE MUG CLUB

## Donor Info

First Name(s) \_\_\_\_\_  
Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Donation Info

Amount \$ \_\_\_\_\_  
Frequency *Monthly* *Weekly* *Every 2 Weeks* *Quarterly* \_\_\_\_\_  
Start Date \_\_\_\_\_  
End Date \_\_\_\_\_

## Payment Info – Debit/Credit Card

Name on Card \_\_\_\_\_  
Type *Visa* *Mastercard* *Discover* *American Express* \_\_\_\_\_  
Card Number \_\_\_\_\_  
Exp Date \_\_\_\_\_

## Payment Info – eCheck

Name on Account \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_  
Check Type *Personal* *or* *Corporate* \_\_\_\_\_  
Account Type *Checking* *or* *Savings* \_\_\_\_\_

## Signature of Authorization

Donor's Signature \_\_\_\_\_