



Authorization Agreement for Monthly Donations

Donor Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

_____ By initialing here you wish your donation to be **Anonymous**.

Amount of donation per month: \$ _____

I would like my donations to start: ____/____/____ and end: ____/____/____

be ongoing until I notify the RSF.

Contribution Options: **Operations** **Plant Hunting Expeditions** **Endowment**

Payment information: Visa MasterCard

Credit Card #: _____ Exp: ____/____ V-code: _____

I hereby authorize the Rhododendron Species Foundation & Botanical Garden to automatically charge the account indicated above for the amount of the donation listed above on the 1st of each month.

If the 1st falls on a weekend or holiday, I understand my card will be charged on the next following business day.

Donor Signature: _____ **Date:** _____

RSF is a 501(c)(3) organization and your total year contribution is tax deductible to the full extent of the law. Questions should be directed to Grace Pham at grace@rhodygarden.org or (253) 838-4646 Ext. 103

Thank you for your generous support.