



# Order of Eastern Star in California Donation Authorization Form

FOR OFFICE USE ONLY

ENVELOPE/DONOR # \_\_\_\_\_

DATE \_\_\_\_\_

Effective date of authorization: \_\_\_\_\_

Type of Authorization:

- New Authorization                       Change donation date                       Discontinue electronic donation  
 Change donation amount               Change banking information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Chapter Name/No. \_\_\_\_\_  
 Email Address \_\_\_\_\_

## DONATION DISTRIBUTION

*You may divide your donation among all three main charitable funds listed below. You may also write in the name of a specific fund you wish to donate to. \**

*Leaving a Legacy for Eastern Star Homes and Outreach Services:*

- Endowment Fund of the Grand Chapter of CA**

Amount \_\_\_\_\_

*Benevolence for our sisters, brothers and our communities:*

- California Eastern Star Foundation\*** - funding the Benevolent Fund, scholarships, and cancer funds.

Amount \_\_\_\_\_

*To Live in Dignity:*

- Eastern Star Homes of CA** - funding the Senior Living Community.

Amount \_\_\_\_\_

**My total donation is** \_\_\_\_\_

\* I would like to donate \_\_\_\_\_ to this specific fund: \_\_\_\_\_

### CHECKING / SAVINGS

Please debit my donation from my (check one):

- Savings Account (contact financial institution for Routing #)     Checking Account (attach voided check )

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**FREQUENCY OF DONATION**(check only one):  Monthly     One-time

I authorize the above organization and Vanco Services to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CREDIT CARD

Please charge my donation to my (check one):  Visa     MasterCard

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

**FREQUENCY OF DONATION**(check only one):  Monthly     One-time

I authorize the above organization and Vanco Services to charge my credit card in accordance with the information above.

Signature (as it appears on credit card): \_\_\_\_\_ Date: \_\_\_\_\_