



# NATIONAL FEDERATION OF THE BLIND PRE-AUTHORIZED CONTRIBUTION

Welcome to the National Federation of the Blind's Pre-Authorized Contribution (PAC) program. Your donation will help the blind live the lives they want. By providing your financial information and signing this form, you are agreeing that once a month the National Federation of the Blind may deduct the amount you specify from your checking account or charge your credit card the amount you indicate. **All fields for your preferred donation method and authorizing signature are required.**

Current Status:  Active  Inactive  Increase or  Decrease \$ \_\_\_\_\_ per month

Tell us how you would like your PAC Plan recognized — name and state: (Please print neatly)

ID# PAC-\_\_\_\_\_ Name(s) \_\_\_\_\_ State \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Bank Account Information:

Withdraw Date *check one*  10th or  20th

Account Holder \_\_\_\_\_

Amount to Withdraw \$ \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Checking Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_

### Credit / Debit Card Information: (Please print neatly.)

Withdraw Date *check one*  10th or  20th

Card Holder \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Amount to Charge \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration MM/YY \_\_\_\_\_

**Return to:** Treasurer, National Federation of the Blind, 1800 Johnson Street, Baltimore, MD 21230 **Email:** [pac@nfb.org](mailto:pac@nfb.org)