PAC Form 2020.pdf

NATIONAL FEDERATION OF THE BLIND

PRE-AUTHORIZED CONTRIBUTION

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

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.

Bank Account Information:

Withdraw Date check one r 10th or r 20thX

Account Holder NFB of Ohio, Cleveland Chapter, Natassha Ricks

Amount to Withdraw $ $10

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

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

Bank Name Hunington Bank

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

Withdraw Date check one r 10th or r 20thX

Card Holder NFB of Cleveland Chapter

Billing Address: 1064 E 167th, Street

City, Cleveland State, Ohio Zip, 44110 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount to Charge $10.00

Credit Card Number 5347401660787327

Expiration MM/YY 06/2022

Mailing Address 1064 E 167th Street City, Cleveland State, Ohio Zip 44110

Phone 216-376-9863Email Nricks123@me.com

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

Return to: Treasurer, National Federation of the Blind, 1800 Johnson Street, Baltimore, MD 21230 Email: pac@nfb.org

LBP39P Rev. 6/18

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

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