



*Florida House*  
*Monthly Donation Form*

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

I would like to make an automatic monthly gift of:

- \$10    \$15    \$30    \$50    Other \_\_\_\_\_

**Option 1: Credit Card**

Please charge my gift each month to:

- Visa    MasterCard    American Express    Discover

Name \_\_\_\_\_

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

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

**Option 2: Direct Debit**

If you would like to pay by direct debit from your checking account each month, please enclose a voided check.

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