



EFT Authorization Form

I authorize the Tuberous Sclerosis Alliance (TS Alliance) to issue an electronic fund draft against my/our bank account in the amount of \$ _____ per month for a total pledge of \$ _____. (Minimum draft is \$10 per month.) I understand that I should expect the first draft to be posted to my account approximately 30 days after the TS Alliance has received this authorization.

The TS Alliance is further authorized to begin processing drafts against my/our account anytime after _____ (month) 20____ (year), and to continue to process drafts in the above amount until _____ (month) 20____ (year).

Please designate your gift by checking the appropriate fund below: _____ Membership _____ Research

My gift is a tribute. Please indicate if your gift is a: _____ Honorarium _____ Memorial

Name of honoree: _____

Please send an acknowledgement of this tribute gift to:

Method of Payment:

Please fill out the information below to initiate the process.

Check enclosed (payable to the *TS Alliance*)

Charge my credit card: _____ Visa _____ MasterCard _____ AmEx _____ Discover

Account # _____ Expiration _____

Signature _____

Donor Profile: The information below will remain confidential. Providing this information allows us to keep our database current.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

E-mail address: _____

The authority is to remain in full force and effect as outlined above until the TS Alliance and Financial Institution noted above have received written notification from me (or either of us) of its termination and have both had reasonable opportunity to act on it, generally 30 days.

Please print this form, complete it, attach a voided check or deposit slip and send it to: Development Office, Tuberous Sclerosis Alliance, 801 Roeder Road, Suite 750, Silver Spring, MD 20910