



ENROLLMENT FORM

Name: _____

Address: _____

Email: _____

Phone Number: _____

Choose your tax-deductible monthly pledge amount:

\$10 \$15 \$17.75 \$20 OTHER: \$ _____

Choose your monthly pledge method and provide your signature:

<p><input type="checkbox"/> BANK TRANSFER Please transfer the above amount from my bank account each month. I have enclosed a check made payable to MCHF for my first month's gift from the account I wish to use OR I have included my bank information below.</p> <p>Bank Name: _____ Type of Account: _____ Account #: _____ Routing Transit #: _____</p>	<p><input type="checkbox"/> CREDIT CARD Please charge the above amount to my credit card each month. My credit card information is filled out below.</p> <p><input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA</p> <p>Card Number: _____ Expiration Date: ____/____ Name on Card: _____ Signature: _____</p>
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I authorize the Marine Corps Heritage Foundation to receive the above amount from my credit card or bank account each month per the terms of agreement below.

SIGNATURE: _____ DATE: _____

Return this form

By email to membership@marineheritage.org or by mail to 18900 Jefferson Davis Highway, Triangle, VA 22172.

TERMS OF AGREEMENT

My authorization to charge my credit card or transfer my monthly pledge amount from my bank shall remain in effect until I notify the Marine Corps Heritage Foundation in writing that I wish to end this agreement and they have had reasonable time to act on it. A record of each payment will be included in my monthly credit card or bank statement and will serve as my receipt.



Marine Corps Heritage Foundation
18900 Jefferson Davis Highway | Triangle, VA 22172
www.marineheritage.org | 800.397.7585

