



1Touch Champions Monthly Donation Form

Welcome to the 1Touch Project's monthly giving program. By providing your financial information and signing this form, you are agreeing that once a month the 1Touch Project 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.

Check one: New Enrollment
 Change - Increase or decrease \$_____per month

Tell us how you would like your donation to be recognized?

Mailing Address _____
City, State, Zip _____
Phone _____ Email: _____

Bank Account Information (please attach a voided check)

Bank Name: _____ Name on Account _____
Amount to Withdraw \$ _____ Withdrawal Date 1st 15th
Bank Routing Number _____ Checking Account Number _____

Credit/Debit card Information

Name on Card _____
Billing Address _____
City, State, Zip _____
Amount to Charge _____ Processing Date 1st 15th
Credit Card Number _____
Expiration MM/YY _____ CVV Code _____
Signature _____ Date: _____

Return to: 1Touch Project, 418 Leffler Street, West Burlington, IA 52655

E-mail: 1tchampions@1touchproject.com