

Bosco-Milligan Foundation

MONTHLY DONATION EFT AUTHORIZATION

Name: _____

Address 1:

Address 2:

City: _____ State: _____ Zip: _____

Monthly amount (min. \$5/month): _____

I authorize The Bosco-Milligan Foundation (BMF) to withdraw from my bank account each month the amount indicated above. This authorization shall remain in effect until I notify BMF that I wish to change or end this agreement and BMF has had reasonable time to act on it.

Signature:

Phone: _____ Email: _____

Please complete, sign and return this form along with a voided check on the bank you wish to use.

Mail to:
The Bosco-Milligan Foundation
701 SE Grand Avenue
Portland, OR 97214