



THE WILDLIFE CENTER OF VIRGINIA

P.O. BOX 1557 • WAYNESBORO, VIRGINIA 22980 • 540-942-WILD • FAX 540-943-WILD

I authorize the Wildlife Center of Virginia to initiate a monthly electronic transfer of funds from my:

_____ checking account _____ savings account

My monthly donation amount \$ _____

I acknowledge that the origination of ACH (Automatic Clearing House) transactions from my account must comply with the provisions of U.S. laws. I may change or cancel my monthly donation to the Wildlife Center of Virginia at any time by writing to the Center. Please address this notification to Amber Buck, abuck@wildlifecenter.org

Date _____

Name of Bank/Financial Institution _____

Nine-digit Routing Number _____

Account Number _____

Bank City and State _____

Your Name		1111	
Your Address		Date _____ 20__	
Your City, State, Zip			
Pay to the order of _____		\$	<input type="text"/>
		Dollars	
For _____			
⑆ 123456789 ⑆ 000123456 ⑆ 1111			
Routing Number		Account Number	

Name (please print) _____

Signature _____

Address _____

Email _____

Phone _____

The Wildlife Center will transfer funds from your account on or about the 25th of each month. Thank you!