



Le BonheurSM

Children's Medical Center

Foundation

DreamMaker Authorization Form

Yes! I want to become a DreamMaker by contributing regularly to Le Bonheur Children's Medical Center through the automatic checking account withdrawal program. **My blank voided check is attached.**

Name (First, MI, Last): _____

Name as you want it to appear in our records and publications: (i.e., Mr. and Mrs. John Doe):

Address: _____

City, ST Zip: _____

Home Phone: _____ Daytime Phone (if different): _____

E-Mail Address: _____

I will contribute the following amount per month: \$20 \$25 \$50 \$ _____ per month

This contribution option is only available for monthly gifts of \$5 or more.

Gifts to Le Bonheur Children's Medical Center are tax-deductible.

*On the 3rd or the 18th of the month? 3rd 18th ** or the closest business day to that date*

Begin my contributions in _____ (month) of _____ (year).

I authorize my bank to pay Le Bonheur Children's Medical Center the amount indicated above on the date indicated above on a monthly basis. This will remain in effect until I notify Le Bonheur in writing that I wish to discontinue my contributions.

Signature: _____ Date: _____

Please print and complete this form and return it to the address below. A blank voided check must be attached in order for your gift to be processed. Thank You!

Le Bonheur Children's Medical Center Foundation
EFT Processing
P. O. Box 42048
Memphis, TN 38174