



The Marine Mammal Center

# Recurring Donor Enrollment Form

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**Yes!** I want to help keep The Marine Mammal Center prepared to act IMMEDIATELY whenever a sick or injured marine mammal needs care. Please enroll me as a partner in the recurring donor program.

Name: \_\_\_\_\_

*(If using a credit card, print name and address as they appear on your billing statement.)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone Number (required): \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Please add me to The Marine Mammal Center's E-mail Newsletter for periodic updates on patients and rescue operations. *(The Center will not share or exchange your e-mail address.)*

My email address is: \_\_\_\_\_

## **Payment Information: select one option**

Set up an automatic monthly deduction from:

my checking account. Attached is my voided check.

### Automatic Bank Transfer Authorization Form (EFT)

I authorize The Marine Mammal Center to charge my checking account # \_\_\_\_\_ at \_\_\_\_\_ (bank) in the amount of \$ \_\_\_\_\_ on or about the 15<sup>th</sup> of each month beginning on \_\_\_\_\_ (date). This authorization will remain in effect until revoked in writing. One month advance notification of cancellation is required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please remember to attach your voided check.***

my credit card:      VISA                       MasterCard                       AmericanExpress

Card #: \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Monthly Gift to Charge \$ \_\_\_\_\_

If you have any questions, please contact us at [members@tmmc.org](mailto:members@tmmc.org) or call (415) 289-7338.

**Thank you for supporting the patients of The Marine Mammal Center.**

Your gift is tax-deductible to the full extent of the law.