

Little Brothers - Friends of the Elderly

Monthly Giving Club



YES! I would like to provide companionship and hope to isolated Twin Cities elders all year long.

Name _____

Address _____

City _____ State _____ ZIP _____

Primary Telephone _____

Email Address _____

Please enroll me in the LBFE Monthly Giving Club

I prefer to make automated bank withdrawals of \$_____ per month.

Bank Account Number _____

Bank Routing Number _____

Bank Account Type: Checking Savings

By checking this option, I agree to use my bank account as a payment method and authorize this organization to debit my bank account to fulfill my donation commitment.

I prefer to make credit card gifts of \$_____ per month.

 Visa MasterCard Discover American Express CVV _____

Card Number _____ Exp. Date _____

Signature _____

Signature required for both automated bank withdrawal and credit card gift authorizations.

I am interested in including LBFE in my will. Please send me information.

I would prefer that my gift remain anonymous.

I would like to learn more about volunteer opportunities.

Please return this form by mail to: Little Brothers - Friends of the Elderly
Attn: Ceallaigh Anderson Smart
1845 East Lake Street
Minneapolis, MN 55407

Or email as an attachment to: csmart@littlebrothersmn.org
612.746.0739

