



***Second Chance Givers - Automated Monthly Giving***

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**Thank you for choosing to become a Second Chance Giver through NFT's automated monthly giving program.**

To enroll in NFT's Second Chance automated monthly giving program, please complete this form and mail it to: National Foundation for Transplants, 1102 Brookfield, Suite, 200, Memphis, TN 38119. If you want to give through your **credit card** account, skip Option A and complete only **Option B**. If you want to participate through your **checking account**, skip Option B and complete only **Option A**. Be sure to enclose your check, credit card or bank information.

**Option A: Electronic Transfer of Funds from Checking Account**

I authorize National Foundation for Transplants (NFT) and the financial institution named below to deduct a monthly gift from my checking account to NFT. This authority will remain in effect until I notify NFT in writing to cancel or change it, and NFT and the financial institution have a reasonable amount of time to act on my request. I can stop payment on any entry by notifying my financial institution 3 days before my account is charged.

**Name of Financial Institution:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Checking Account Number:** \_\_\_\_\_  
**Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Name of Donor (please print):** \_\_\_\_\_  
**Address of Donor (please print):** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**YOU ALSO MUST INCLUDE A VOIDED CHECK**

I authorize \$ \_\_\_\_\_ to be electronically donated from my checking account on a monthly basis (check one:)

on the 1<sup>st</sup> of the month (or next banking day thereafter) \_\_\_\_\_

or the 15<sup>th</sup> of the month (or next banking day thereafter) \_\_\_\_\_.

I request that my donation be directed to (select one):

\_\_\_\_\_ meet the greatest need

\_\_\_\_\_ support the \_\_\_\_\_ Fund  
(name of state/ organ or tissue fund)

**RETAIN A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS**



**Option B: Automated Giving Through Credit Card Account**

I authorize National Foundation for Transplant to automatically charge my monthly Second Chance pledge to the credit card as specified below.

**Monthly pledge amount (minimum \$10 per month):** \$ \_\_\_\_\_

**Visa** \_\_\_\_\_ **Mastercard** \_\_\_\_\_ **American Express** \_\_\_\_\_ **(check one)**

**Credit Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration Date: (MM/YYYY)** \_\_\_\_\_ - \_\_\_\_\_

**Names (as it appears on card):** \_\_\_\_\_

**(Billing) Address:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Signature (Required:)** \_\_\_\_\_

**I request that my donation be directed to (check one):**

\_\_\_\_\_ meet the greatest need

\_\_\_\_\_ support the \_\_\_\_\_ Fund  
(name of state/ organ or tissue fund)

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