



Contribution Form

Your full name: _____

Your Bahá'í identification number: _____

Address: _____

I, authorize the National Spiritual Assembly of the Bahá'ís of the United States to withdraw the sum of \$ _____ for _____ (name(s) of the Bahá'í Fund.

One-time contribution

Or

Once every calendar month

Once every two weeks

Once every 19 days

Starting date: ___ / ___ / ____

Ending date: ___ / ___ / ____

ACH Information (Please attach a voided check.)

Check routing number (9 digit): _____

Check account number (Checking/savings): _____

Or

Credit Card Information (Please print clearly)

Name as it appears on your credit card: _____

Credit card account number (16 digit): _____

Expiration date: ____ / ____

Visa

American Express

MasterCard

Discover

