



## Foundational Support

(Please fill out form and return via U.S. Mail, fax, or e-mail)

Name \_\_\_\_\_  
Address (line1) \_\_\_\_\_  
Address (line 2) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal \_\_\_\_\_  
Country \_\_\_\_\_ Phone \_\_\_\_\_ (alt. #) \_\_\_\_\_  
Email address \_\_\_\_\_

I would like to

- Be a Sister Connection Foundational Supporter, giving \$\_\_\_\_\_ per month
- Give a one-time gift of \$\_\_\_\_\_ for Sister Connection's Foundation Support Fund

**Payment method: (check one)**

- Enclosed check/money order payable to\*: **Sister Connection c/o KTC**
  - Please send me a payment reminder
- Credit Card (see credit card form below)
- Electronic Funds Transfer (EFT) (see EFT form below)

**Fax, Mail or E-Mail Completed Form(s)** with enclosed form of payment to:

Sister Connection  
c/o King Trust Company, NA  
P.O. Box 580  
Spring Arbor, MI 49283  
E-Mail: [info@sisterconnection.org](mailto:info@sisterconnection.org) Fax: 623-444-9085

Questions? Please call us at 623-882-1393 to speak with a Sister Connection representative or e-mail us at: [info@sisterconnection.org](mailto:info@sisterconnection.org)

**Thank you for choosing to make a difference with Sister Connection!**



**KING TRUST COMPANY, N.A.**  
**DIRECT WITHDRAWAL AUTHORIZATION AGREEMENT**  
(For funds coming to King Trust from another institution)

I hereby authorize King Trust Company, N.A. to debit my **checking/savings** (circle one) account # \_\_\_\_\_ at the financial institution named below in the amount of \$ \_\_\_\_\_ on a monthly basis, beginning \_\_\_\_\_.

Adjusted entries to correct errors are also authorized. This authority will remain in effect until it is canceled in writing. Please credit the account at King Trust Company, N.A.:

Financial Institution Name	Date
Account Number	Routing/ABA Number
Financial Institution Address	Account holder name (print)
City                      State              Zip	Account holder Signature

*PLEASE NOTE:* King Trust Company only allows for *monthly withdrawal*, and will debit your account on the 15th of each month in order to accommodate our accounting system.

***NOTE: If a checking account, please attach a voided check when you return this form.***

**Donor Address:**

Name \_\_\_\_\_  
Address (line1) \_\_\_\_\_  
Address (line 2) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal \_\_\_\_\_  
Country \_\_\_\_\_

Return to: Sister Connection c/o King Trust Company, N.A., P.O. Box 580, Spring Arbor, MI, 49283  
(Phone: 1-800-325-8975)



**Sister Connection c/o  
KING TRUST COMPANY, N.A.  
P.O. Box 580  
Spring Arbor, MI 49283  
Attn: Dan Kurtz**

## **CREDIT CARD TRANSACTION AUTHORIZATION**

Type of Credit Card (VISA, Mastercard): \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address of Credit Card Holder:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Card Verification # (from back of card): \_\_\_\_\_

Amount: \_\_\_\_\_

Circle One:    **Monthly**    **Quarterly**    **Yearly**    **One Time Gift**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete and return to: Sister Connection c/o KTC, P.O. Box 580, Spring Arbor, MI 49283