

Growing Faith & Courage. Building Strong Relationships. Restoring Hope & Justice

Coughlin Ventures: Home of the Protectors

P.O. Box 4457 Medford, OR 97501

(541) 840-2816 paul@theprotectors.org

I request my bank or credit card company to monthly transfer funds in the amount of \$_____ (US) until further notice. I understand I am in full control of my donation and anytime I wish to make changes I will contact this organization. I prefer a monthly transfer date of the 5th or the 20th (circle one) starting _____ (month).

Checking (Attach a voided Check)

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VISA Acc # _____

MasterCard Exp. Date _____ / _____

Giver's Name _____ Phone _____

Address _____ E-mail _____

City / State / Zip _____ Designation _____

Date _____ Giver's Signature _____

Separate along dotted line and retain bottom portion for your (donor) records.

Thank you! Your faithfulness is appreciated. Please contact us for any changes required.

Monthly Amount _____ Date of Transfer _____

Bank Account _____ Credit/Debit Card _____



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