



The Police Benevolent FOUNDATION

Dollar A Month Club Authorization Form

Please charge an additional \$_____ per month to my credit card along with my regular dues schedule. (PBA will use the billing information currently on file to complete your contribution)

CARD#_____ EXP:_____

I hereby authorize the Southern States PBA, Inc to deduct from my credit card/bank account the amount indicated on this form as a donation to the Police Benevolent Foundation, Inc. I understand that this amount will be deducted each month until 1) revoked by me at any time upon 30 days written notice to the PBA, or 2) termination of my membership.

\$1 \$5 \$10 Other \$_____

A MONTHLY GIFT IN THIS AMOUNT WOULD REALLY HELP

Signature: _____ Date _____

#vapba



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Name: _____ Phone: _____

Address: _____

City: _____ St: _____ Zip: _____

CARD#_____ EXP:_____ VISA MC AMEX DISC

I hereby authorize the Southern States PBA, Inc to charge my credit/debit card/account in the amount indicated on this form as a donation to the Police Benevolent Foundation, Inc. I understand that this amount will be deducted each month/year) until 30-day written notice is submitted.

Other ways to Donate:

www.pbfi.org Text: Cops to 85944

\$1 \$5 \$10 Other \$ _____ I prefer to make a one time donation of: \$ _____

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Signature: _____ Date _____

All donations are tax deductible.