



**Friends Committee on
Legislation of California**



**FCL
Education
Fund**

Become a Monthly Sustainer!

Set up an automatic deduction from your bank account (ACH)

**Please fill out this form and mail to:
FCLCA/FCL Education Fund
2030 W. El Camino Avenue, Suite 210
Sacramento, CA 95833**

Or scan and send as a pdf attachment to dale@fclca.org

I want to make a monthly donation to:

FCLCA _____ (not tax-deductible) FCL Education Fund (tax-deductible) _____

I authorize my bank to charge my bank account in the amount of \$ _____ (\$10 minimum) each month. I understand that I may change or discontinue participation at my request by notifying FCLCA/FCL Education Fund. I agree to notify FCLCA if I close or change my current bank account.

Authorization Signature _____ Date _____

Name as it appears on checking account

Routing Number (appears on bottom left-hand side of check) _____

Account Number _____

Your Address _____

Your Phone Number _____

Email _____

THANK YOU!

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