

# *Connect to Kids*

## MONTHLY GIVING ENROLLMENT FORM



**Providing Children  
with Help and Hope**

This form authorizes The Second Mile to enroll you in **Connect to Kids**, our monthly giving program. Deductions can be made from your bank account through Electronic Funds Transfer or through your credit card. To enroll, please complete this form and return it by mail. Within two weeks of our receiving your request, you will receive a copy of your enrollment form with confirmation of a start date of the monthly deduction.

Each month, you will receive a thank you letter for the amount you gave that month. This letter will serve as your receipt for tax purposes.

If you have any questions or would like additional information about **Connect to Kids**, please contact The Second Mile development staff at [givetokids@thesecondmile.org](mailto:givetokids@thesecondmile.org) or (814) 237-1719.

**YES**, I want to enroll in **Connect to Kids** and support The Second Mile children and families on a monthly basis based on the terms and conditions stated below:


Name \_\_\_\_\_ Email \_\_\_\_\_  
Please print or type

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Amount to be deducted monthly (\$10 minimum per month) \$ \_\_\_\_\_

### Payment Method—Please Check One

Attach a voided check to this form for EFT payment   Please use Electronic Funds Transfer to deduct my monthly contribution directly from my checking account.

**OR**

Please use my credit card to deduct my monthly contribution.

MasterCard  Visa  AMEX  Discover Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Name on Card (if different from above) \_\_\_\_\_

### **Statement of Authorization**

I authorize my financial institution to transfer the amount indicated from the stated account to The Second Mile. The authorization shall remain in effect until I notify my bank or The Second Mile that I wish to discontinue the regularly scheduled transfer of funds.

A record of each charge will be included in my regular bank or credit card statement. I understand that I will receive an official receipt from The Second Mile showing a total of my gifts soon after the end of the calendar year.

In the event of an error, I have the right to instruct my bank to reverse any charge. I understand that this must be done by written notice within 15 days of the date of the bank statement or within 45 days after the charge was made.

**Signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

Return completed form (*and voided check if using Electronic Funds Transfer*) to:  
**The Second Mile, 1402 South Atherton Street, State College, PA 16801**