



## SOME Sustainer Enrollment Form

**Yes! Please enroll me in SOME's Direct Payment Program with a monthly Sustainer gift of:**

\$15    \$30    \$45    \$75    \$100   \$ \_\_\_\_\_

Enclosed is a check for my first month's gift. Please transfer my monthly gifts from my checking account. I understand my future gifts will be transferred directly from my account.

**OR,**

Here is my credit card information. Please transfer my monthly gifts from my credit card. I understand my future gifts will be transferred directly from my credit card.

(Mastercard, Visa, or Discover)

Card # \_\_\_\_\_

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

**PLEASE PRINT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (optional)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I understand that a record of each gift will appear on my monthly bank or credit card statement, and that I may increase, decrease or suspend my gift at any time by contacting SOME at 202-797-8806, ext. 1008, or writing to SOME at 71 O Street NW, Washington, DC 20001.

All gifts provided to SOME originating as ACH (Automated Clearing House) transactions comply with U.S. law.

Thank you for your ongoing support!