

YES, I WILL JOIN HANDS!

Complete this form and mail to: Hands On! Regional Museum, PO Box 1244, Johnson City TN 37601

Individual or Company Name: _____

Contact Name (if Company): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____

Webpage or e-mail address: _____

I/We would like to:

- Donate: Pledge:
- \$5,000 \$1,000 \$500 \$250 \$100 \$50 \$25 Other \$ _____
- My employer offers a Matching Gifts Program. Employer: _____
- Please contact me about making a stock or other securities transfer.
- Please contact me about a gift to Hands On! in my will.
- I have other thoughts, please contact me.
- I would like to waive my donor benefits to receive the full tax-deductible value of my contribution.

Payment options:

- Check enclosed, payable to Hands On!
- Charge: M/C Visa Discover American Express
- Card #: _____ Exp: _____ 3 Digit Code: _____
- Signature: _____
- Bill Me: Monthly Quarterly On this date: _____
- Monthly ACH Withdrawal

I prefer my account be debited on the 1st 15th of each month.

If the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

I/we hereby authorize Hands On! Regional Museum to initiate debit entries to my/our account indicated below and the financial institution indicated below to debit the same to such account for donation. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law and when applicable the NACHA Operating Rules and Guidelines. This authority is to remain in full force and effect until Hands On! has received written notification for me/either of us of its termination in such time and manner as to afford a reasonable opportunity to act on it.

Name of Financial Institution: _____

Routing Number: _____ Account Number: _____

Type of Account: Checking Savings

Print Name: _____

Signature: _____ Date: _____

Please attach copy of voided check or savings deposit slip to this form.