

Yes, I Will Join Hands!

Complete this form and mail with payment or pledge to:
Hands On! Discovery Center, PO Box 1244, Johnson City, TN 37605-1244

Company (Businesses only): _____
Contact Name(s): _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Telephone: _____
Webpage or e-mail address: _____

I/We would like to: Donate Pledge
Payable: Once per year Monthly
Amount:
 \$5,000 \$1,000 \$500 \$100 \$50 \$25
 other \$ _____
 Please contact me about making a stock or other securities transfer.
 Please contact me about a gift to Hands On! in my will.

Payment options:

Check enclosed, payable to "Hands On! Discovery Center"

Credit Card

<input type="checkbox"/> Mastercard	Card # _____	
<input type="checkbox"/> Visa		Exp. date _____ CVV code _____
<input type="checkbox"/> Discover		Signature _____
<input type="checkbox"/> American Express		

Bill Me Monthly Quarterly On this date: _____

Monthly ACH Automatic Withdrawal
I prefer my account be debited on the 1st 15th of each month.
Starting on: _____

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! Discovery Center 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/Transit Number _____ Account Number _____
Please enclose a voided check or savings deposit slip.
This account is Checking Savings
Printed Name: _____ Signature: _____ Date: _____