



NATIONAL FEDERATION OF THE BLIND PRE-AUTHORIZED CONTRIBUTION

Welcome to the National Federation of the Blind's Pre-Authorized Contribution (PAC) program. Your donation will help the blind live the lives they want. By providing your financial information and signing this form, you are agreeing that once a month the National Federation of the Blind may deduct the amount you specify from your checking account or charge your credit card the amount you indicate. **All fields for your preferred donation method and authorizing signature are required.**

Current Status: Active Inactive Increase or Decrease \$ _____ per month

Tell us how you would like your PAC Plan recognized — name and state: (Please print neatly)

ID# PAC- _____ Name(s) _____ State _____

Mailing Address _____ City, State, Zip _____

Phone _____ Email _____

Signature _____ Date _____

Bank Account Information:

Withdraw Date *check one* 10th or 20th

Account Holder _____

Amount to Withdraw \$ _____

Bank Routing Number _____ - _____ - _____

Checking Account Number _____

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Withdraw Date *check one* 10th or 20th

Card Holder _____

Billing Address _____

City, State, Zip _____

Amount to Charge \$ _____

Credit Card Number _____

Expiration MM/YY _____

Return to: Treasurer, National Federation of the Blind, 1800 Johnson Street, Baltimore, MD 21230 **Email:** pac@nfb.org