

Automatic Monthly Giving Authorization

Thank you for supporting Parkettes. Monthly giving is one of the easiest and most meaningful ways to invest in the future of our athletes. To begin your recurring contribution, please complete this form and return it with a voided check.

Monthly Contribution Authorization

I authorize my financial institution to make monthly withdrawals in the amount of:

\$ _____

(Minimum \$10 per month)

Beginning: _____

This authorization will remain in effect until I notify Parkettes in writing that I wish to modify or terminate my authorization.

Gift Designation

- ☐ Financial Assistance
- ☐ Scholarship Fund
- ☐ Athlete Development
- ☐ Coach Education
- ☐ Equipment
- ☐ Facility Improvements
- ☐ Greatest Need
- ☐ Other: _____

Donor Information

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____



Email: _____

Bank Account Information

Financial Institution: _____

Routing Number: _____

Account Number: _____

☐ Checking ☐ Savings

Application Type

- ☐ New Authorization
☐ Update Existing Authorization

Signature: _____

Date: _____

Questions?

Jeff Bell
Executive Director
Jeff@Parkettes.com

Suzie Raymond
Suzier@Parkettes.com

Parkettes National Gymnastics Training Center
401 Martin Luther King Jr. Drive
Allentown, PA 18102
Phone: 610-433-0011

