



The form below is fillable in Adobe Acrobat Reader. Just type information and use the tab button on your keyboard to move through the fields in order. We've made this a snap for you!

Automatic Withdrawal Authorization Agreement

How can Ugandan Lambs Automatic Withdrawal program help me?

Ugandan Lambs Association U.S.A. Automatic Withdrawal program is designed to save time and reduce expenses for you and the Ugandan Lambs office staff. By joining this program, you will authorize Ugandan Lambs to automatically deduct your monthly contribution from your personal or business checking account. You may still designate your gift, and if requested, you will receive a receipt for each monthly gift to your requested email. Once the automatic deduction has been set up, we will transfer your gift each month. We will mail you a Year-End Receipt.

That sounds great! How do I get started?

- Fill out the form below.
- Indicate the total amount you want deducted each month.
- Indicate the designation of your contribution, i.e. Child, General Fund or Specific Project(s).
- Indicate either the 5th or the 25th as your monthly transfer date and what month you would like to begin.
- Sign the form on the line provided.
- Return the form with a voided blank check from your personal or business checking account.

Okay! Is there anything else I should know?

There is no charge for this service and you will receive no notification from your bank. The deduction will show on your bank statement. We will continue to make your deduction until you communicate to us in writing that you want to stop. You can cancel this program at any time, but we must receive your request at least 5 business days before your deduction is scheduled to occur in order to allow us time to cancel. If you have any other questions, please call Sam Sebabi at 562-988-8984.

- ___ **Yes!** I give my permission for Ugandan Lambs Association U.S.A. to withdraw my monthly contribution from my checking account.
- ___ I have included a voided check.
- ___ We need a monthly receipt in addition to a year-end mailed receipt. (optional)

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Email: _____ *

Email address is required for monthly receipts if requested (a year-end receipt will still be mailed to you).

Signature on Account: _____ Date: _____

Return this form to:

Ugandan Lambs Association USA
 Attn: Donations Dept.
 P.O. Box 90491
 Long Beach, CA 90809

ph. 562-988-8984
 sam.sebabi@uglambs.org
 www.uglambs.org

Please designate my contribution as follows:

Specific Child, Project or General Fund	Amount	Payment Options
1. ULA First Name _____ ULA ID _____	\$ _____	I prefer the automatic monthly transfer date of the ___5th ___25th beginning the month of _____.
2. Housing Expansion & Building Project	\$ _____	
3. General Fund (Transport, Medical Fees, Misc.)	\$ _____	
4. Reserved for Future Project	\$ _____	
5. Reserved for Future Project	\$ _____	

My total monthly deduction is \$ _____

___ * I would like to add me to your newsletter list with my e-mail address supplied above.

Or you can fax signed document to 1-877-416-6867 (Inside U.S.A. only)