



784 Hercules Drive, Suite 110, Colchester, VT 05446

## SUSTAINER PROGRAM

Name \_\_\_\_\_

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Email/Phone \_\_\_\_\_

## PAYMENT OPTIONS

(Contributions are tax-deductible. You may change your deduction at any time.)

I would like to make:

monthly payments of \$\_\_\_\_\_ (Monthly payments occur on the 15<sup>th</sup> of every month)

### Credit Card:

Charge payments to my:

Visa  Mastercard  American Express  Discover

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

### Electronic Funds Transfer:

Complete the information below, or send a voided check.

Bank Name \_\_\_\_\_

Account # \_\_\_\_\_

Routing # \_\_\_\_\_

Signature \_\_\_\_\_

### Additional Information:

\_\_\_\_\_  
\_\_\_\_\_

Please return this form to:

**PPNNE**  
Program Support Department  
784 Hercules Dr, Suite 110  
Colchester, VT 05446

supportus@ppnne.org • 1-800-287-8188 ext 9704 • www.ppnne.org