

## Enrollment Form

YES! I want to enroll in AGP! I have read, understand and agree with the Terms of Agreement.

Each month, I wish to automatically contribute:

- \$500       \$100       \$75  
 \$50       \$25       Other \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone                      Signature

*Credit Card billing address if different from above:*

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip

I prefer to give by:

- |                                   |   |
|-----------------------------------|---|
| Bank Account Debit                | Credit Card   |
| <input type="checkbox"/> Savings  | <input type="checkbox"/> VISA <input type="checkbox"/> Discover   |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Mastercard <input type="checkbox"/> AmEx |

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

\_\_\_\_\_  
Expiration Date:

DO NOT acknowledge my gift each month. My credit card or bank statement will serve as my receipt.

## Terms of Agreement

*I have chosen either the "Bank Account Debit" or the "Credit Card" option on the enrollment form.*

### "BANK ACCOUNT OPTION"

*I authorize my bank to debit my account on or about the 20th day of each month and to pay Human Life International the amount noted on the enrollment form.*

**ATTENTION BANK ACCOUNT USERS!**  
**Please enclose a voided check or deposit slip so we can secure bank routing!**

*I have enclosed a check payable to Human Life International for the first month's contribution, and I understand that pre-authorized transfers will be made from this account starting the following month.*

*My authorization to debit my account at my bank shall be the same as if I had personally signed a check to Human Life International.*

*This authorization shall remain in effect until I notify Human Life International in writing that I wish to end this agreement and until Human Life International or my bank has had reasonable time to act upon my request.*

### "CREDIT CARD OPTION"

*I authorize Human Life International to charge my VISA, Discover, MasterCard, or American Express on or about the 20th of each month for the amount noted on the enrollment form. Automatic charges will begin next month.*

*I understand that this authorization shall remain in effect until I notify Human Life International in writing that I wish to end this agreement and until Human Life International has had reasonable time to act upon my request.*

***My signature on the enrollment form indicates my consent to these terms.***

Complete and return this form to:  
Coordinator-Automatic Gift Plan  
Human Life International®  
4 Family Life Lane  
Front Royal, VA 22630 USA  
www.hli.org