



The Marine Mammal Center

Recurring Donor Enrollment Form

Marin Headlands · 2000 Bunker Road · Sausalito, CA 94965
Tel. 415-289-SEAL · Fax 415-289-7333 ·

Yes! I want to help keep The Marine Mammal Center prepared to act IMMEDIATELY whenever a sick or injured marine mammal needs care. Please enroll me as a partner in the recurring donor program.

Name: _____

(If using a credit card, print name and address as they appear on your billing statement.)

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Phone Number (required): _____ (home) _____ (work)

Please add me to The Marine Mammal Center's E-mail Newsletter for periodic updates on patients and rescue operations. *(The Center will not share or exchange your e-mail address.)*

My email address is: _____

Payment Information: select one option

Set up an automatic monthly deduction from:

my checking account. Attached is my voided check.

Automatic Bank Transfer Authorization Form (EFT)

I authorize The Marine Mammal Center to charge my checking account # _____ at _____ (bank) in the amount of \$ _____ on or about the 15th of each month beginning on _____ (date). This authorization will remain in effect until revoked in writing. One month advance notification of cancellation is required.

Signature _____ Date _____

Please remember to attach your voided check.

my credit card: VISA MasterCard AmericanExpress

Card #: _____ Security Code _____ Exp. Date: _____

Signature: _____ Monthly Gift to Charge \$ _____

If you have any questions, please contact us at members@tmmc.org or call (415) 289-7338.

Thank you for supporting the patients of The Marine Mammal Center.

Your gift is tax-deductible to the full extent of the law.