



**Boys & Girls Aid  
Permanency Circle Membership Form**

Thank you for choosing to become a Permanency Circle member! Your generosity will allow us to serve the children in our care at a deeper level.

**Gift Information**

Monthly gift amount:  \$100       \$75       \$50       \$25  
 Other monthly gift amount: \$ \_\_\_\_\_ (*\$15 per month is the minimum contribution*)  
Please designate my gift to:  Permanent Homes  Safe Housing  Area of Greatest Need  
Start date (mm/yy): \_\_\_\_\_ / \_\_\_\_\_

**Donor Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Payment Type**

**I wish to give by credit card**  
Credit card type:  Visa     MasterCard     AmEx     Other: \_\_\_\_\_  
Card holder name: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
Credit card number: \_\_\_\_\_ CVV: \_\_\_\_\_

**I wish to give by automatic deductions from my checking/savings account**  
*Your automatic deduction will be made on the first business day of every month.*  
Bank name: \_\_\_\_\_  
Routing number: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Account:  Checking     Savings

Your signature authorizes the Agency to initiate a monthly debit entry from the above listed account. This authorization is to remain in full force and effect until either party gives written notice to the Agency within 10 days of the effective withdrawal date.

I understand that it is my responsibility to have sufficient funds available in my account on the effective date. I further acknowledge that the Agency will not be liable for any charges, including and not limited to any charges related to items returned because of insufficient funds or late charges.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed form to:  
Boys & Girls Aid, Attn: Christina Diss, 018 SW Boundary Ct., Portland, OR 97239.  
If you have any questions, please contact Christina at 503.542.2345.