



## Delaware Valley Legacy Fund

### Monthly Donation Authorization Form

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Amount of monthly donation: \$ \_\_\_\_\_

Credit card type:     Mastercard     Visa     American Express     Discover

Credit card number: \_\_\_\_\_

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

Name as it appears on card:

\_\_\_\_\_

Billing address:

\_\_\_\_\_

\_\_\_\_\_

*I hereby authorize the Delaware Valley Legacy Fund to charge my credit/debit card monthly in the amount listed above. I may cancel this subscription at any time by contacting the Delaware Valley Legacy Fund in writing.*

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

Please fax this form to (215) 563-6882 or mail it to:

Delaware Valley Legacy Fund  
1234 Market Street, Suite 1800  
Philadelphia, PA 19107