



Bulamu Healthcare
Monthly Giving
Program Enrollment Form

Name _____

Address _____

City _____

State _____ Zip Code _____

Telephone _____

Please email me the latest updates from the Lifeline e-newsletter at:

Email Address _____

I would like to make an **automatic monthly gift of:**

☐ \$10 ☐ \$15 ☐ \$30 ☐ \$50 ☐ \$Other _____

Please select an option below and mail it this form to: Bulamu Healthcare, 303 E. Wacker Dr., Suite 2108, Chicago, IL 60601.

☐ **Option 1: By Credit Card**

Please charge my gift each month to:

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number _____ Expiration Date _____

Name (*as it appears on your credit card*) _____

Signature _____ Date _____

☐ **Option 2: By Direct Debit**

If you would like to pay by direct debit from your checking account each month, please enclose a voided check. Your future monthly gifts will be transferred from your checking account.

Signature _____ Date _____

Thank you for your generosity. All contributions are tax deductible. Bulamu Healthcare is recognized as tax exempt under section 501(c)(3) of the Internal Revenue Code, Tax ID # 47-4196766.