Become a Virginia Organizing Sustainer

Name:				
Address:				
City:		Zi	p:	
Telephone(s):				
E-Mail:				
Please help Virginia Organizing expand to more come Sustainer. Our commitment to those who traditionally off! We believe that participation in our democracy is Virginia Organizing Sustainer by filling out the Autho Thank you	nunities by be have had littl open to all, n rization for el	coming a Virg e voice in our ot just a selec	ginia Organi society is p t few. Becor	aying me a
Monthly Sustainer Pledge for Virginia Organizing:\$		\$50	\$100 \$	
Annual Sustainer Pledge:\$35\$50\$100				
Authorization Agreement Better than a credit card — no outside fees! . Date:			o work!	
I hereby authorize Virginia Organizing to initiate debit entried or savings account indicated below. This authority is to remain received written notification from me [or either of us] of its term	in full force an			
Depository Information: If there are any changes to this, please is	notify us immed	liately.		
Bank Name (fill in or attach voided check):				
City/State (fill in or attach voided check):				
Account Number (fill in or attach voided check):				
Routing/Transit Number (fill in or attach voided check):				
Signature[s]:				
Account Type: Checki				

