



Donor ID _____

If New Donor, please check

FOCUS HUMANITARIAN ASSISTANCE
An Affiliate of the Aga Khan Development Network

REGION _____

JK CODE _____

Donation Form № **DL**

Donor Name / Company																				
Spouse Name																				
Address																				
City, State, Zip																				
Phone Number																				
E-Mail																				

Please Choose **ONE**:

- Option 1:** I wish to be an ongoing FOCUSSTAR donor starting _____ / _____ until I cancel.
(Month and Year)
- Option 2:** I wish to be a FOCUSSTAR donor starting _____ / _____ until _____ / _____
(Month and Year) *(Month and Year)*
- Amount: \$ _____ Monthly Quarterly Annually

For options 1 and 2 please sign below, and attach a voided check or deposit slip to this form.

I (We) hereby request Focus Humanitarian Assistance (through its designated bank), to collect the amount of remittance to be made by me (us) monthly /quarterly /annually, pursuant to my (our) payment plan highlighted above by drawing checks (electronically) to its own order on my (our) account(s) by, and payable to, the order of the Focus Humanitarian Assistance. I (we) agree that your rights in regard to each such check shall be the same as if the check were drawn on you and personally by me (us). This authority is to remain in effect until revoked in writing and until you actually receive such notice, I (we) agree that you shall be fully protected on honoring any such check.

I (we) further agree that if any such check be dishonored, whether with or without cause, and whether unintentionally or inadvertently you shall be under no liability whatsoever.

Bank Account № _____ Checking / Savings

Routing № _____ Bank Name _____

X _____
Signature of Donor(s) for Option 1 and 2 _____
Date

- Option 3:** I wish to make a one-time donation in the amount \$ _____
- Payment Method:
- Personal Check Check/Money Order Number: _____
- Company Check Date on Check: _____
- Money Order

I/We understand that these donations will be used for charitable purposes in accordance with the mandates of Focus Humanitarian Assistance, USA and with the approval of the Board of Directors.

Donor's Signature: _____

Volunteer's printed Name: _____ Phone Number: _____ - _____ - _____

Volunteer's Signature: _____ Date: ____ / ____ / ____