



International Medical Health Organization I.M.H.O.

A non-political, non-profit, humanitarian organization

A 501(c)(3) registered charity in USA

Request for Periodic Direct Debit Pay Plan

Bank Name : _____

Bank Address : _____

City : _____ State : _____ Zip Code : _____

Sorting Code of Bank Branch : _____

Account Number : _____

Type of Account : Checking Savings Other (Please specify): _____

Title/Name of Account : _____

- As a convenience to me, I hereby request and authorize you to pay to the address below and charge the amount as stated below to my account. This authorization will remain in effect until revoked by me in writing.
- I hereby attach a **voided personal check**.

I would like to make a contribution on the following basis (Only as checked below):

Monthly Quarterly Biannually **Only once** (Please make check payable to "IMHO")

\$25 \$50 \$100 \$500 \$1,000 Other : \$ _____

Name : _____

Address : _____

City : _____ State : _____ Zip code : _____

Phone No: _____ Email: _____

Signature : _____ Date : _____

Please mail this completed form along with a voided check to:

Rajam Theventhiran, Treasurer to IMHO, P.O. Box 61265, Staten Island, NY 10306, U.S.A.

A 501(c)(3) registered charity organization in USA
Federal Tax ID Number: 59-3779465
IMHO, PO Box 61265, Staten Island, NY, 10306, USA
www.theimho.org