



**Envision®**

Choices & resources for people who are blind or low vision

**Automatic Bank Draft Form**

**Please check one**

\_\_\_\_ Option 1: I authorize the Envision Foundation to withdraw \$ \_\_\_\_\_ from my checking account on the first of each month beginning \_\_\_\_\_, 200\_\_ and continuing for \_\_\_\_\_ consecutive months.

The total of my gift will be \$ \_\_\_\_\_.

**--OR--**

\_\_\_\_ Option 2: I authorize the Envision Foundation to withdraw \$ \_\_\_\_\_ from my checking account on the first of each month beginning \_\_\_\_\_ 200\_\_ and continuing until such time as I notify Envision in writing to discontinue the draft.

Your contribution can be stopped at any time by writing to the Envision Development Office at the address below



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Gift Designation: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Bank Name (depository): \_\_\_\_\_

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

Please enclose a voided check with this completed form and return to:

The Envision Foundation  
610 N Main  
Wichita, KS 67203