

Asheville Insight Meditation

“Sustaining Core Member” Form

Date: _____

Check One: ___ *New Enrollment* -OR- ___ *Change Enrollment*

First and Last Name: _____

Street Address: _____ *City:* _____

State: _____ *Zip:* _____ *Email:* _____

Core Member Recurring Donation: (Circle One or Write in Different Amount)

\$100 \$75 \$50 Other Amount \$ _____

Per (*Circle One*): Month, Quarter, Year Beginning Month/Year: ____/____

Option #1 *By Automatic Debit from Account (ACH/EFT)* ____ (X)

(*Circle One*) Checking Account Savings Account

Routing #: _____, Account #: _____

Option #2 *By Credit Card* ____ (X)

(*Circle One*) Visa Master Card Discover

Credit Card #: _____ Expiration Date: _____

By signing this form, I hereby agree to donate the amount listed above at the interval time period chosen. If committing to a recurring payment, I will provide the necessary financial information updates.

*If paying by check, I agree to have my bank check draft mailed to **AIM, 175 Weaverville Rd, Suite H, Asheville, NC 28804**. If this option is not available with my bank, I will personally hand this check in at AIM, when specified above. AIM will charge me \$30 for any returned checks.*

If paying by credit card or Automatic Debit, I hereby give AIM the right to charge my credit card or bank account at the intervals specified, and for the amount listed above.

I understand that I can cancel any recurring commitments at any point without penalty, by providing AIM with a 30-day written notice requesting said cancellation. Upon request, AIM representatives will cancel my Core Membership and my automatic monthly charge/commitment within 30 days after receiving notice.

Member Signature: _____

Thank You!

Please email scanned copy of this form to: ronyared8@gmail.com, or mail it to the address listed above, or drop it in the Donation Box at the Asheville Insight Meditation hall.