

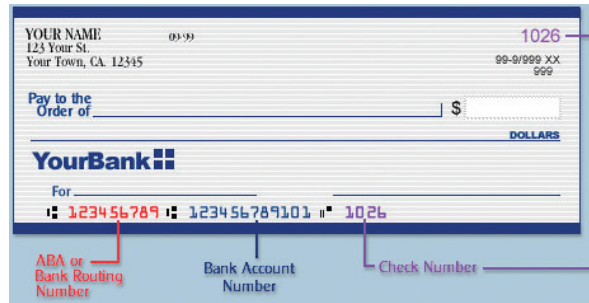
Electronic Funds Transfer Form

Personal Information:

| | | | | |
|-----------------|-----------|---------------|-------|-----|
| First Name | Last Name | Email Address | | |
| Mailing Address | | City | State | Zip |

Bank Information:

| | | | | |
|-----------------|----------------|----------------|-------|-----|
| Bank Name | Bank Address | City | State | Zip |
| Type of Account | Account Number | Routing Number | | |



Monthly Donation Information:

| | | | |
|-------------------------------|--|-----------------------|----------------|
| Monthly Amount (minimum \$20) | <input type="checkbox"/> 5th <input type="checkbox"/> 20th | Monthly Transfer Date | Effective Date |
|-------------------------------|--|-----------------------|----------------|

By signing your name below, you understand that you are authorizing your financial institution, specified above, to transfer from my account each month to Endurance the donation amount specified above.

I understand that this agreement remains in effect until I provide written notice to the address below, and that any changes of status to this agreement take between three and six weeks to be processed.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Please fill out all of the information above, sign and fax this form back to Endurance at 303.962.7596.

Thank you so much for your support of Endurance.



PO Box 63119, Colorado Springs, CO 80962
P ~ 303.962.7595 F ~ 303.962.7596

endurance.org