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### Talbot Team Letter of Enrollment

In support of the **Matt Talbot Kitchen & Outreach** mission to serve the physical, emotional, and spiritual needs of Lincoln's working poor and homeless through outreach, advocacy, education, and the provision of food and shelter I (we) wish to be members of the **Talbot Team**. **Talbot Team members are recognized as individuals committed to the mission of the organization through sustained giving.**

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- Yes! You can count on my (our) financial support of **Matt Talbot Kitchen & Outreach** to offer Lincoln's working poor and homeless hope, hunger relief, shelter, and homeless prevention 365 days a year.

**I.** Please accept our Monthly Gift\* of \$25, \$50, \$75, \$100, or \$ \_\_\_\_\_

**OR**

\* Monthly withdrawals will be made on or after the 9<sup>th</sup> day of each month.

- Yes! I am (we are) not able to be a part of the **Talbot Team** at this time. However, I (we) value the mission will support Matt Talbot Kitchen & Outreach through this one-time gift.

Please accept this One-Time Gift of: \$ \_\_\_\_\_

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- I (we) would like our monthly gift Automatically Transferred from my (our) bank account. **To initiate an automatic transfer, please complete Sections IV & V.**

**OR**

- II.**  We would like my (our) monthly or one-time gift to be Charged to A Credit Card.

\_\_\_ VISA \_\_\_ Master Card \_\_\_ Discover \_\_\_ American Express \_\_\_ Diners Club

Card Number: \_\_\_\_\_

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

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- For Gift Recognition purposes, please list my (our) name(s) as indicated below.

Print Name(s): \_\_\_\_\_

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

**III.** Address: \_\_\_\_\_

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

*Your contribution to Matt Talbot Kitchen & Outreach is deductible to the extent allowed by the IRS regulations. Please contact your financial or legal advisor with specific tax questions.*

**Authorization Agreement for Electronic Fund Transfer**  
[Pre-Authorized Automated Clearing House (ACH) Payments]

Company Name: **Matt Talbot Kitchen & Outreach**

**IV.**

I (we) authorize the above company to initiate debit entries to my (our) checking/  
savings account (select one) indicated below and the depository financial institution  
named below to debit the same to such account. I (we) acknowledge that the origination  
of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

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

Transit/ABA No.: \_\_\_\_\_ Account Number: \_\_\_\_\_

Payment Frequency: \_\_\_\_\_ Payment Amount: \_\_\_\_\_  
(Subject to change upon notification by company or association.)

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**Disclosures**

This authority is to remain in full force and effect until the Company has received written  
notification from me (either of us) of its termination in such time and in such manner as  
to afford Company and Depository a reasonable opportunity to act on it. In no event  
shall it be effective with respect to entries processed by the Company prior to receipt of  
notice of termination.

**V.**

I (we) further authorize the Company to initiate such credit entries to said account as may  
be necessary to correct any erroneous debit entries previously initiated thereto. I (we)  
authorize the Depository to accept and to credit or debit the amount of such entries to my  
(our) account.

I (we) have the right to stop payment of any entry by notification to Depository prior to  
the posting of item to the account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all  
respects by the Rules of Mid-America Payment Exchange as now or hereafter in effect  
and agrees to be bound thereby:

Print Customer Name(s): \_\_\_\_\_

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

Signature (Spouse): \_\_\_\_\_

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

**Note: Please attached a voided check when returning completed form for an  
Electronic Fund Transfer.**

January 1, 2009