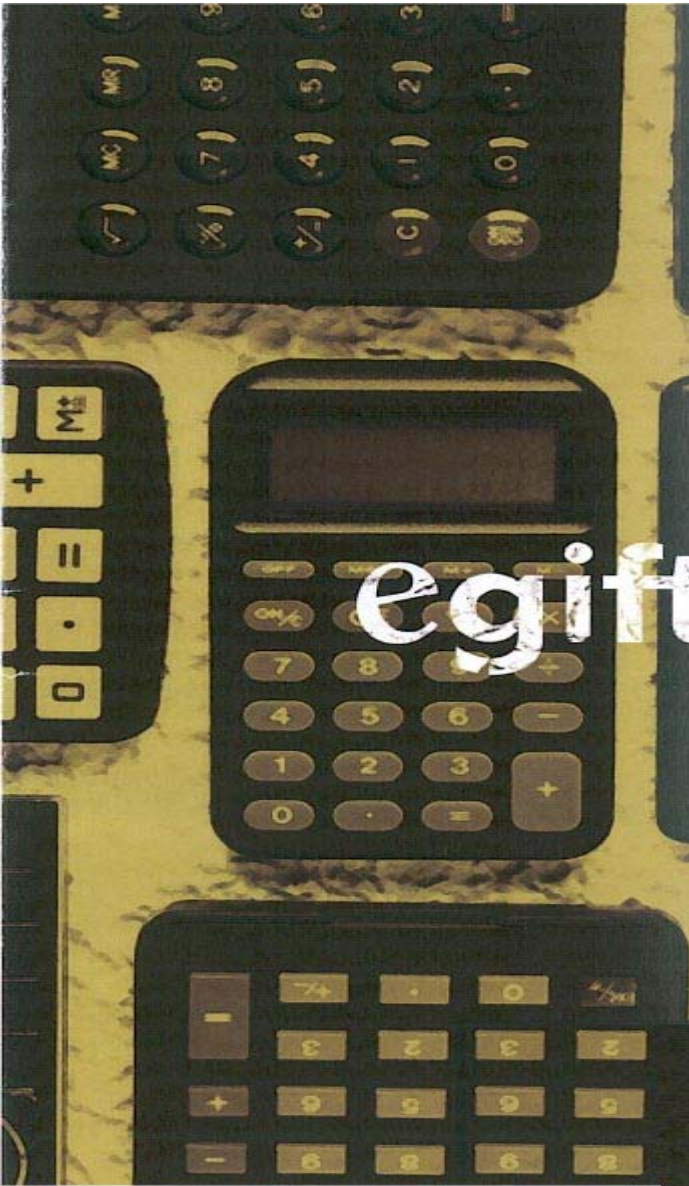


Porch de Salomon

Panajachel, Guatemala
Waukeenah, Florida

eGIFT DEBIT AUTHORIZATION FORM

"Drawing the Fringe into
the Fold"



SECTION 1

Name _____
Address _____
City _____
State _____ Zip _____
Telephone _____
Email _____

SECTION 2

Name of Bank _____
Telephone _____
Checking Acct. No. _____
Or Savings Acct. No. _____
Routing Transit No. _____

SECTION 3

Amount of each gift to PDS _____
Date of gift (once or twice a month) _____
 5th of the month 20th of the month Both

SECTION 4

Signature _____
Date _____

Please attach a preprinted voided check to this completed form and mail to the address on this letterhead. You may cancel your participation in eGift at any time or change amount of your monthly gift by emailing lenzasha@his-body.com.

Please allow up to seven business days for implementation of your change. A withdrawal can be refunded if necessary.

Tax deductible donations to:
Porch de Salomon
P.O. Box 10509
Tallahassee FL, 32302-2509

