

 **Angel Team-Monthly Donor Form**

**Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your city, zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount you would like to donate each month:**

**Please circle one:**

**$5 $10 $15 $20 $25 or other amount $\_\_\_\_\_\_\_\_\_\_\_**

**Ways to donate:**

**Go to our website: wmcenter.org and donate under donation tab and click recurring.**

**Mail a check each month and make out to WMC—2418 Bloomer Dr., Alton IL 62002**

 **Bill pay your bank and have them send a check from your checking each month.**