

**Enrollment Form
LCA Recurring Gift Program
Electronic Funds Transfer (EFT)**

To enroll, please complete and sign the form below:

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Email _____

___ I/we wish to contribute \$ _____ on the 15th of each month to Lakewood Catholic Academy beginning in the month of _____.

I authorize LCA to withdraw funds from my:

___ Checking account (attach a voided check or deposit slip)

___ Savings account (attach a deposit slip)

I understand this will remain in effect until I notify Lakewood Catholic Academy in writing.

Signature _____

A minimum of a \$10.00 monthly contribution is required to make your gift through EFT.

Return the completed form to The Office of Advancement, Lakewood Catholic Academy, 14808 Lake Avenue, Lakewood, Ohio 44107.