

AUTOMATIC CONTRIBUTION SYSTEM (ACS)
For Individuals, Groups/Associations and Companies/Corporations

Checking Account Information:

Name of Bank _____
Account Number _____
Bank Routing Number _____
(The numbers appearing before your account number at bottom of check)
Bank Address _____
Bank Telephone Number _____

DONATION DESIGNATION: (Please place check marks on appropriate the lines below.)

___ **CALIFORNIA CITIZENS for HEALTH FREEDOM** (www.citizenshealth.org)
(A 501c4 non-profit legislative advocacy organization, NOT tax deductible)

DONATION AMOUNT:

\$ _____ to CC4HF \$ _____ to the Midwife Advocacy Fund

and/or

___ **CHIEF (Citizens Health Information & Education Freedom)** (www.chiefonline.org)
(A 501c3 non-profit public benefit organization, tax deductible. IRS # 30-0096392)

DONATION AMOUNT: \$ _____

I, _____ (Please legibly print your full name)
representing ___ myself ___ group/association ___ company/corporation, authorize
___ California Citizens for Health Freedom, and/or ___ CHIEF to withdraw from my
___ personal ___ group/association ___ company/corporate checking account the sum of
\$ _____ each month (12 times a year) to be used as indicated above.

Signature _____ Date _____
Title _____

Group/Association or Company/Corporation _____

Phones: Home _____ Office _____

Fax: _____

Email _____

Please enclose the completed ACS form and a voided check (not a deposit slip) from the bank account that you wish to use and send them to:

California Citizens for Health Freedom or CHIEF, 8048 Mamie Ave, Oroville, CA 95966

For information-Phone 1.530.534.975 or 1.888.557.8092 or Email Frank@citizenshealth.org.