

Action Requested:

- Initial Setup Correction

Contact Information:

Name: _____
Job Title: _____
Company Name: _____
Address: _____
City: _____ State/Province: _____
Postal Code: _____ Country: _____
Phone: _____ Fax: _____
Email: _____

Item Details:

Check all that apply:

- Donation to the US foundation Amount: US\$ _____
 Donation to the Canadian foundation Amount: US\$ _____
 Other: _____ Amount: US\$ _____
 Other: _____ Amount: US\$ _____
 Other: _____ Amount: US\$ _____
 Other: _____ Amount: US\$ _____

Total Amount Due: US\$ _____

Payment Method:

Check one option.

- Option 1: Credit Card

Card Type: Visa MasterCard American Express This is a corporate card.

Credit Card Number: _____ Expiration Date: _____ Card Security Code: _____

Cardholder's Name: _____ Cardholder's Signature: _____

Cardholder's Billing Address (if different from above): _____

- Option 2: Bank Draft

Attach a voided copy of your blank check to this form.

Bank Name: _____ Bank Routing Number: _____

Account Number: _____ Account Type: _____

Terms:

I authorize the **Total Amount Due** to be paid over _____ months (maximum of 12) **or** _____ years (maximum of 5).

I understand that I may pay the **Total Amount Due** in equal monthly/yearly installments over a maximum of the months/years indicated above, that the first payment will be processed upon receipt of this form by the foundations, and that subsequent payments will be processed approximately every monthly/yearly anniversary of the date of the first payment. My signature below authorizes the charge of my credit card or performance of bank drafts according to the preferences I have indicated on this form.

Signature: _____

Send To:

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