

## ***Build the Kitchen – Feed the Community!***

Complete your Donor Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Yes! I want to contribute to Community Kitchen's ***Build the Kitchen-Feed the Community*** campaign!

My total gift will equal: \_\_\_\_\_

I will reach that goal by: \_\_\_\_\_

One payment to be made now or on the following date: \_\_\_\_\_

Please bill me:  Monthly (starting in \_\_\_\_\_ 2010)

Quarterly (starting in \_\_\_\_\_ 2010)

Other: \_\_\_\_\_

Please sign me up for the ACH (automatic bank withdrawal) program and deduct the specified amount from my account at the specified times. (Fill out the back of this form).

**AUTOMATIC TRANSFER AUTHORIZATION**  
Authorization for Preauthorized Fixed Payments (ACH Debits)

I hereby authorize **COMMUNITY KITCHEN OF MONROE COUNTY, INC.** to make scheduled withdrawals from the account identified below and authorize the Depository Financial Institution to charge such withdrawals to my listed account.

Each withdrawal shall be equal to \$\_\_\_\_\_ and payable:

- Weekly on Fridays
- Monthly on the 1<sup>st</sup> **OR** 15<sup>th</sup> (circle one) of each month
- Bi-monthly on the 1<sup>st</sup> **AND** 15<sup>th</sup> of each month
- Quarterly on the 1<sup>st</sup> day of each quarter's first month

The first such withdrawal is authorized for (date): \_\_\_\_\_

If the purpose for withdrawals is restricted in any manner, such restriction is stated below. Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until the above pledge goal is met. I acknowledge receipt of a filled copy of the authorization.

Name of Depository Financial Institution: \_\_\_\_\_

DFI Routing Number: \_\_\_\_\_ Account No. to Debit: \_\_\_\_\_

Type of account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Customer Name: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name on Receiving Account: COMMUNITY KITCHEN OF MONROE COUNTY, INC.

Please send me an email confirming each transaction.

Email address: \_\_\_\_\_

Limitations on purpose for withdrawal: Charitable Contribution – Capital Campaign

**PLEASE SEND A VOIDED CHECK IF POSSIBLE. THIS HELPS PREVENT ERRORS.**