Community Foundation of Crawford County - Recurring Gift Form

Your gift to the Community Foundation of Crawford County recurring gift program is a win-win. It is an easy, convenient, and safe way to support the CFCC, and at the same time lower gift-processing costs so your gift achieves more. When you enroll, your gift will automatically transfer from your checking account or be billed to your credit card. All gifts are processed around the 15th of each month and will appear on your checking account or credit card statement. You may change or cancel your gifts at any time by notifying the CFCC in writing.

Thank you for your continuing support of the CFCC and its programming.

Donor Information

As it appears on the account you will use below.

Last name _____ First _____ Middle _____

Street address _____ City _____ State _____ ZIP _____

Home phone _____ Other phone _____

Email* _____

*By providing your email address, you are opting to receive emails from the CFCC.

Recurring Gift Information

Monthly gift amount ($10 minimum) _____ Gifts will be credited to the Making Generosity Last Forever Fund unless otherwise indicated here. _____

The CFCC is a 501(c)(3) nonprofit charity. Gifts to the CFCC are eligible for a tax deduction to the full extent allowed by law. Consult your accountant for more information.

Payment Options

Please indicate your selections below with a big "X."

- ☐ Monthly transfer from checking account. Please attach a voided check if using this option.
  NOTE: We are required to collect a voided check; a deposit slip WILL NOT meet this requirement.
- ☐ Monthly transfer from savings account. Please attach a voided deposit slip for savings account if using this option.
- ☐ Monthly credit/debit card charge.
  - ○ American Express
  - ○ Discover
  - ○ MasterCard
  - ○ Visa

Account number: _____ Exp. date: _____ Security Code:_____

Statement of Authorization

I authorize the CFCC to initiate the credit card charge or automated clearing house (ACH) withdrawal as indicated above. I understand that a record of each donation will be included on my monthly credit card or bank statement and that the CFCC will send a receipt showing the total of all recurring gifts for the calendar year following the end of each calendar year. I may change or cancel this recurring payment by notifying the CFCC in writing. All notifications must be received by the first of the month in order to alter the month's transaction.

If I have elected to pay by credit card, I agree to abide by all terms and conditions of my credit card agreement. If I have elected to pay via ACH, I authorize my financial institution to transfer the amount indicated on the attached voided check to the CFCC and to pay any fees required by my banking institution. Adjusting entries to correct errors are also authorized. It is agreed that these debits and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA). This authorization is to remain in full force and effect until written notification is given to the CFCC of its termination.

Signature: _____ Date: _____

Please sign this form and return all documents to:

Community Foundation of Crawford County, 4030 East Goodman Ridge Road, Box D, Marengo, IN 47140

You can peruse our website at www.cf-cc.org and/or call us at (812) 365-2900.