



215 Atlantic Ave
 Morris, MN 56267
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Become a "Champion for Kinship"

Monthly Donation Form

We are pleased to be able to offer you an easier way to make giving on a regular basis less of a hassle. Now you can have your donations made automatically from your check or savings account on the same day each month. Here is how it works:

You authorize us to make regular scheduled payments from your checking or savings account by completing this form and returning it to our office. Then, just sit back and relax while we connect caring mentors with youth in our community. Your donation will be made automatically on the specified day and you will see the proof on your monthly statements. The authorization you give us will remain in effect until you notify us in writing at least 10 days prior to the scheduled payment to stop them.

Personal Information

Name _____
 (First Name) (Last Name)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Please send me updates about RUSC Kinship Mentoring by: Email Postal Mail No updates

Donation Information

Monthly gift amount: \$10 \$20 \$30 Other: \$ _____

Process donation each month on the date: _____ **This donation is made by:** Individual Organization

Start Date: _____ **End Date (if applicable):** _____

Authorization For Direct Payment

I authorize RUSC Kinship Mentoring to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the organization reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Account Information:

Name of Financial Institution: _____ **Branch:** _____

Account No. : _____ **Account Type:** Checking Savings

Financial Institutions Routing Number: _____

Signature: _____ **Date:** _____

RETAIN FOR YOUR RECORDS

On _____ I authorized RUSC Kinship Mentoring at 215 Atlantic Ave Morris, MN 56267 to initiate electronic entries in my check/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the address above.

Payment Amount: \$ _____

Payment Date: _____