



MONTHLY DONATION FORM

Thank you for becoming a Champion for Kinship! Your donation will continue to connect caring mentors with the youth in our community. Please complete the form below and mail or drop off at our office to authorize regularly scheduled deductions from your checking or savings account.

Donations will continue on the same day each month until you notify us in writing to cancel or change this, at least 10 days prior to the scheduled payment.

PERSONAL INFORMATION

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 \$15 \$25 \$30 (*dollar a day*) \$50 Other Amount: _____

Process on the _____ day of each month. Donation made by: Individual Organization

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

AUTHORIZATION FOR DIRECT PAYMENT

Name of Financial Institution _____ Branch _____

Account Number _____ Type: Checking Savings

Bank 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 checking/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.

Monthly Payment Amount _____ Payment Date _____



215 Atlantic Ave., Morris, MN | 320-585-7872

rusckinship.org