

“The true meaning of life is to plant trees
under whose shade you will never sit.”

D. Elton Trueblood, educator-adapted



**Thank you for choosing to become a Sustaining Donor of
Community Shares of Wisconsin.**

Please fill in the requested information below.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I pledge \$_____ to be deducted automatically

____ Monthly ____ Quarterly ____ Semi-Annually

Deductions are made on the 30th of the month based on the following schedule: Monthly = each month;
Quarterly = March, June, September, December; Semi-Annually = June and December.

I would like to fulfill this pledge through the account method below

____ My credit card/debit card ____ Electronic Funds Transfer (EFT)

To fulfill my pledge through credit card or debit card processing:

I (we) hereby authorize Community Shares of Wisconsin to charge my (our) credit/debit account
indicated below:

___ Visa ___ Mastercard ___ American Express ___ Discover

Card# _____ Exp _____

Name on Card: _____ Signature _____

This authority is to remain in full force and effect until Community Shares of Wisconsin has received written notification
from me (or either of us) to its termination in such time and in such manner as to afford Community Shares of
Wisconsin a reasonable opportunity to act on it.

Special Instructions: _____

To fulfill my pledge through EFT:

I (we) hereby authorize Community Shares of Wisconsin to initiate debit entries (and, if necessary, credit entries and adjustments for any debit entries made in error) to my (our) _____Checking or _____Savings account (select one) indicated below and further authorize the Depository named below to credit the same such account.

Bank/Depository Name	Branch	Routing Number (see sample below)
City	State	Zip
		Your Account Number (see sample below)
1) _____ Name(s) on Account (please print)		2) _____
1) _____ Signature	2) _____ Signature	_____ Date

This authority is to remain in full force and effect until Community Shares of Wisconsin has received written notification from me (or either of us) to its termination in such time and in such manner as to afford Community Shares of Wisconsin and my (our) Depository a reasonable opportunity to act on it.

SAMPLE CHECK

anyone	1001
555 main street	
madison, wi 53703	date _____
pay to the	
order of _____	\$ <input style="width: 50px;" type="text"/>
	_____dollars
^:27597886:	^account^ "12345678"
	1001

THANK YOU FOR YOUR SUPPORT!

^bank routing^
number

^account^
number

Special Instructions:
