

“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 30<sup>th</sup> 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) _____		2) _____
Name(s) on Account (please print)		
1) _____		2) _____
Signature	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:**

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