



New Richmond Area
COMMUNITY FOUNDATION
 leadership • philanthropy • collaboration

DONOR MONTHLY CONTRIBUTION AUTHORIZATION

Please complete all blanks

Donor(s) Name(s): _____

Mailing Address: _____

City, State, ZIP: _____

Telephone(s): _____

Email: _____

I/we hereby authorize the New Richmond Area Community Foundation to initiate a debit entry once per month from my/our account listed below for the purpose of making monthly contributions to the NRACF. This monthly contribution will commence with the next monthly cycle and continue until I/we cancel it in writing with 10 day advance notice.

NRACF will debit the listed account on the 15th of each month or the next business day if the 15th is not a business day.

Name of bank: _____

City, state of bank: _____

Bank routing number: _____

Bank account number: _____

Type of account (check one): checking savings

Total amount of monthly contribution: \$ _____

Apply my contributions in the following manner (must add up to total contribution above):

\$ _____ Unrestricted Fund

\$ _____ (specify fund name) _____

Donor(s) signature(s)

Date

Return completed form to:
NRACF
P.O. Box 96
New Richmond, WI 54017

Or pdf scanned form by email to:
nracfoundation@gmail.com