

Automatic Donation Form – Covid-19 Emergency Fund

Donation Account (Your Name) _____

One time Donation \$ _____

Monthly Recurring Donation \$ _____

Payment Start Date _____

Payment End Date _____

ACH WITHDRAWAL FROM CHECKING ACCOUNT

Bank _____

Name on Account _____

Bank Routing Number _____

Checking Account Number _____

PRINT NAME _____

Authorizing Signature _____

Date _____