



# Martin County Area Foundation

**Martin County Area Foundation**  
P.O. Box 704  
Fairmont, MN 56031  
(507) 235-5547  
www.mcareafoundation.org

## Martin County Area Foundation ACH Contribution Form

### 1. INDICATE THE TOTAL AMOUNT OF YOUR GIFT:

- \$2,500    
 \$1,000    
 \$500    
 \$250    
 \$100    
 \$\_\_\_\_\_ Other

### 2. TELL US THE TIMING OF YOUR GIFT:

- One time gift  
 Twice a year (two payments that total the amount in #1 – beginning on the date received, then 6 months later)  
 Quarterly (four payments that total the amount in #1 – beginning on the date received, then every 3 months)  
 Monthly (twelve payments that total the amount in #1 – beginning on the date received, then monthly)

### 3. CHOOSE YOUR METHOD OF PAYMENT:

- Automatic Deduction:    
 Checking Account    
 Savings Account  
*Attach a voided check*     *Attach a deposit slip*  
Routing # (between |: and |:): \_\_\_\_\_ Account #: \_\_\_\_\_  
 Credit Card:    
 Visa    
 MasterCard

Credit Card Number \_\_\_\_\_ / \_\_\_\_\_  
Expiration Date  
*Please note: all fees related to a credit card charge are paid by the foundation.*

### 4. GIVE US YOUR AUTHORIZATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

*I authorize the Martin County Area Foundation, a fund of the Minnesota Philanthropy Partners to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect through the period specified above or until I give reasonable notification to terminate this authorization. I certify that I have not received any goods or services in exchange for this contribution.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank You For Supporting The Martin County Area Foundation! Your Gift Is Greatly Appreciated!**

MINNESOTA PHILANTHROPY PARTNERS

For Office Use Only	Effective Date: _____	<input type="checkbox"/> New Authorization
Donor #	<input type="checkbox"/> Change Financial Institution Account	<input type="checkbox"/> Change Donation Amount
Date	<input type="checkbox"/> Discontinue Electronic Donation	<input type="checkbox"/> Change Donation Date