



Annual Fundraising Virtual Event 2020

- One Time Gift \$5,000 \$1,000 \$500 \$100 \$50 Other \$ _____
 Monthly Support \$1,000 \$500 \$100 \$50 \$25 Other \$ _____
 Wish List (Please Specify) List Item: _____ \$ _____

I authorize an automatic Electronic Funds Transfer (EFT) from my account, either one time or monthly. If monthly, this authorization will remain in effect until I notify the Northfield Women's Center that I wish to end this agreement. I may do so at any time by sending an email to the center at office@northfieldwomenscenter.org or calling 507-645-7638.

Method of Payment:

Bank Account: (most cost effective) Checking Savings

Routing # _____

Account # _____

Credit Card: Visa Master Card Discover

Credit Card # _____

Exp. date _____

Security code _____

Name on card _____

Home Phone _____

Billing Address _____

Cell Phone _____

City, State, Zip _____

E-mail _____

Signature _____

Date _____



Annual Fundraising Virtual Event 2020

- One Time Gift \$5,000 \$1,000 \$500 \$100 \$50 Other \$ _____
 Monthly Support \$1,000 \$500 \$100 \$50 \$25 Other \$ _____
 Wish List (Please Specify) List Item: _____ \$ _____

I authorize an automatic Electronic Funds Transfer (EFT) from my account, either one time or monthly. If monthly, this authorization will remain in effect until I notify the Northfield Women's Center that I wish to end this agreement. I may do so at any time by sending an email to the center at office@northfieldwomenscenter.org or calling 507-645-7638.

Method of Payment:

Bank Account: (most cost effective) Checking Savings

Routing # _____

Account # _____

Credit Card: Visa Master Card Discover

Credit Card # _____

Exp. date _____

Security code _____

Name on card _____

Home Phone _____

Billing Address _____

Cell Phone _____

City, State, Zip _____

E-mail _____

Signature _____

Date _____