

Cunningham

CHILDREN'S • HOME

Automatic Gift Payment Program for Cunningham Children's Home

How does the automatic gift payment program work?

By filling out this form, you are authorizing your Bank/Financial Institution to automatically debit your account by a predetermined amount, on a specific date, and deposit the money into the account of Cunningham Children's Home Foundation.

What are the advantages of automatic gift payments?

- No checks to write and no envelopes to address or postage stamps to buy.
- The service is free.
- Your contribution will be made even if you are on vacation or busy.
- Your automatic payment amount may be easily changed, discontinued or switched to another account.

How do I participate in the automatic gift payment plan?

Please fill out the bottom part of this sheet and return it with a check marked "void" to Cunningham Children's Home at the following address:

Cloydia Hill Larimore, Resource Development Department
Cunningham Children's Home, P.O. Box 878, Urbana, IL 61803-0878

Please return this form at least 10 days before the date of your first automatic payment.

Name (account holder): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (home): _____ (work): _____ E-mail: _____

I authorize Cunningham Children's Home Foundation to instruct my Bank/Financial Institution (named below) to debit my account in the amount specified on the date indicated on this form. I am aware I can discontinue this service by simply calling or writing Cunningham with at least ten days notice. Cunningham Children's Home reserves the right to discontinue the service or my participation in it.

Bank/Financial Institution: _____

Routing Number (not necessary if you attach a voided check*): _____

Account Number: _____

Is this a checking or savings account (check one)? _____ Checking Account _____ Savings Account

Payment options:

_____ Monthly withdrawal, to occur on (check one): _____ 1st of the month _____ 15th of the month
_____ Quarterly withdrawal to occur on (check one): _____ 1st of January, April, July, October
_____ 15th of January, April, July, October

Gift amount per withdrawal: \$ _____ First withdrawal date: _____

Signature of Account Holder: _____ Date: _____



**Please remember to enclose a voided check or savings deposit slip.*

***Your gift is tax deductible as allowed. An annual receipt will be provided for tax purposes.*

Thank you for your support!