



**MONTHLY CONTRIBUTION ELECTION
Authorization for EFT Debit**

DONOR NAME _____

ADDRESS _____

EFFECTIVE DATE _____

I hereby authorize Madison Community Foundation to debit my checking account

Account Number _____

Bank Routing Number (ABA) _____

In the amount of \$ _____
(minimum of \$20/month)

Each month on the (check one):

- 15th day of the month
- Last day of the month

As a contribution to the following Fund:

_____ **Madison Youth Arts Center Campaign Fund (#3031510)** _____

I understand that this authorization will remain in effect until revoked in writing.

Donor Signature _____ Date _____

Please include a voided check with this form and mail to:

