



CROFTON COMMUNITY FOUNDATION FUND
serving the Crofton Area



CROFTON COMMUNITY FOUNDATION FUND BUILDERS CLUB Donor ACH Authorization

JOIN US IN BUILDING OUR COMMUNITY FOUNDATION FUND AND
INVESTING IN CROFTON'S FUTURE

As a member of the Builders Club, you can make a convenient donation each month by having it automatically withdrawn from your bank account. Please fill out this form and return it to the Nebraska Community Foundation.

DONOR(S) NAMES: _____

I (we) wish to make a tax-deductible gift on a monthly basis. I (we) authorize the Nebraska Community Foundation and my (our) financial institution to initiate a monthly withdrawal from the bank account listed below. I (we) understand this gift will be deducted from my (our) account on the last business day of each month.

My contribution is to benefit: **Crofton Community Foundation Fund**
Please designate this gift to the following account: **Unrestricted Endowment**

Beginning Month/Year: _____

Ending (Choose one): No End Date Ending Month/Year: _____

I (we) authorize any necessary credit entries, debit entries and adjustments to my (our) account in connection with this transaction.

This authorization will remain in effect until (1) the Nebraska Community Foundation has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Nebraska Community Foundation reasonable opportunity to act on it; or (2) the end date noted above.

I want to join the 12x12 Club
Please withdraw \$12 from my account monthly.

I want to join the 25x12 Club
Please withdraw \$25 from my account monthly.

I want to join the 50x12 Club
Please withdraw \$50 from my account monthly.

Other: *Please withdraw \$_____ from my account monthly.*

Donor Name(s) (Please Print)
Address
City / State / Zip Code
Phone Number
Signature of Account Owner Date
Signature of Account Co-Owner Date

Financial Institution Name
Branch (if applicable)
City / State / Zip Code
Transit Routing Number (ABA)
Account Number at Financial Institution
<input type="checkbox"/> Checking Account
<input type="checkbox"/> Savings Account

Example of banking information:

NAME	0123
ADDRESS	01-23456789
CITY, STATE ZIP	
DATE	_____
PAY TO THE ORDER OF	\$ <input type="text"/>
_____	DOLLARS
BANK NAME	
ADDRESS	
CITY, STATE ZIP	
FOR	_____
⑆012345678⑆ 01234567890123⑆ 0123	
Routing Number	Account Number

Safeguarding Your Information:

To ensure your personal information is safe, we have in place several safeguards. We require our employees to treat your personal information as confidential. We restrict access of your nonpublic information to those employees who need to know that information to complete these transactions

Please mail this completed form to: **Nebraska Community Foundation**
P.O. Box 83107
Lincoln, NE 68501-3107

If you have questions, please contact Accounting at (402) 323-7330.