



2 Science Court
P.O. Box 5010
Madison, WI 53705-0010

Phone: (608) 232-1763 or (888) 400-7643
Fax: (608) 232-1772
www.madisoncommunityfoundation.org

MONTHLY CONTRIBUTION ELECTION

Authorization for ACH Debit

DONOR NAME _____

ADDRESS _____

EFFECTIVE DATE _____

I hereby authorize Madison Community Foundation to debit my checking account

Account number _____

Bank Routing number _____

Please include a voided check with this form

In the amount of \$ _____

Each month on the (check one):

15th day of the month

Last day of the month

As a contribution to the following Fund:

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

Donor Signature

DATE _____