



Sustaining Donor Form

CURE Monthly Electronic Debit Authorization. By completing this form, I give CURE permission to electronically debit the account or credit card listed below on a monthly basis. I understand that I may adjust my monthly contribution at anytime by notifying CURE in writing. The transactions are made on the 5th of every month and adjustments will be made at that time.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

MONTHLY SUPPORT AMOUNT:

\$5/mo \$10/mo \$20/mo \$35/mo \$50/mo \$100/mo Other: \$ ____ /mo

ELECTRONIC DEBIT (checking or savings account ensuring 100% of your investment benefits CURE)

Financial Institution: _____

Owner of this Account: _____

Type of Account: Checkings Savings

Routing Number: _____

Account Number: _____

Signature: _____ Date: _____

If using Electronic Debit option, please attach a voided check or deposit slip.

CREDIT CARD (Check here to cover the 3.3% processing fee & maximize your investment in CURE)

Name on Credit Card (if different): _____

Credit Card Billing Address (if different): _____

Credit Card Number: _____

Exp Date: _____ CVC Code: _____

Signature: _____ Date: _____

List me as anonymous

My employer matches my donation

Would you like to apply a portion of your donation to a CURE annual membership?

Student (\$20) Individual (\$30) Family (\$45) Business/Organization/School (\$100)

Already a CURE member

No thank you

For Questions, please contact Peg Furshong at peg@cureriver.org or 320-269-2984 | www.cureriver.org
PLEASE DO NOT email account numbers. Return the form by mail or call CURE, 117 S 1st St, Montevideo, MN 56265
CURE is a charitable organization exempt for taxation under section 501c(3) of the Internal Revenue Code.
Donations are tax-deductible to the extent permitted by law.