



CENTER *for* RURAL AFFAIRS

Sustaining Donor Authorization Form

Please fill out all the required information.

Name: _____

Address: _____

City/State/Zip: _____

Telephone #: _____

I, the above named, hereby acknowledge and authorize the Center for Rural Affairs to automatically withdraw a donation in the amount of \$_____ (minimum of \$10) every month on the 27th day. Use the financial institution information listed below to withdraw the donation.

_____ This is a change in the amount of my monthly contribution. (You can skip the information below, but please be sure to sign and date the form.)

Financial Institution: _____

Address: _____

City/State/Zip: _____

Account #: _____

Account type: Checking or Savings (please circle one)

Routing #: _____

****Please Attach a Voided Check or Savings Deposit Slip****

Donor Signature

Date

Return to: John Crabtree, CFRA, PO Box 136, Lyons, NE 68038

Thank you for your contribution!

Your donation is tax deductible.

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