



| DONOR RECOGNITION LEVELS |                     |
|--------------------------|---------------------|
| Legacy:                  | \$50,000 +          |
| Hero:                    | \$25,000- \$49,999  |
| Advocate:                | \$10,000 - \$24,999 |
| Humanitarian:            | \$5,000 - \$9,999   |
| Friend:                  | \$1,000 - \$4,999   |

## Donation Form

I/We wish to pledge to the DeWitt Referral Center Building Capital Campaign

(Please check all that apply)

- A one-time tax-deductible contribution of \_\_\_\_\_
- A pledge contribution totaling \_\_\_\_\_ to be paid over \_\_\_\_\_ years. (The maximum pledge period is 3 years.) Please begin billing me on \_\_\_\_\_, 20\_\_.

This contribution is payable:

- Annually
- Bi-annually
- Quarterly
- Monthly

Print name(s): (as it should appear on the recognition):

\_\_\_\_\_

Full address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

- I give consent to be named on Facebook or newspaper ads.  
The amount may be listed Yes \_\_\_\_\_ No \_\_\_\_\_
- I prefer to remain anonymous (Please do not publish my name as a donor.)

**Please make checks payable to: Concerned DeWitt Citizens**

Signature: (required) \_\_\_\_\_ Date: \_\_\_\_\_

Send completed form (with check, if applicable) to: **First Central State Bank, Attn: Sue Gravert, PO Box 200, DeWitt IA 52742**

**\*\*Please fill out the automatic payment form on the next page if you would like your gift to automatically be deducted from your checking account, using Electronic Funds Transfer (EFT).\*\***

**Authorization Agreement for Automatic Payment (Debits)  
for the DeWitt Referral Center Building Capital Campaign**

**Concerned DeWitt Citizens d.b.a "The Referral Center"**

**42-1066301**

Company Name

Company ID#

I (we-if joint account) hereby authorize **Concerned DeWitt Citizens d.b.a. "The Referral Center"** Hereinafter called Company, to initiate debit entries from my account as follows: **(complete only one of the options listed below)**

- Annually starting \_\_\_\_\_
- Bi-Annually starting \_\_\_\_\_
- Quarterly starting \_\_\_\_\_
- Monthly starting \_\_\_\_\_

and to initiate, if necessary, credit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called Depository, to credit the same to such account.

Bank/Financial Institution Name/Number

Branch

City, State Zip

Routing Number/ABA\*

Account Number\*

Type of Account (Select One): \_\_\_\_\_ Checking      \_\_\_\_\_ Savings

This authority is to remain in full force until \_\_\_\_\_ (Date) or Company has received written notification from me (or either of us of) its terminations in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name (Please Print)

E-mail Address (if needed for notification)

Signature

Date

Name (if joint account – using the term "and")

Signature

Date

