



Electronic Deduction Donation Authorization

This form provides a way for you to support Corvallis students automatically on a monthly basis from a checking or savings account. The Corvallis Public Schools Foundation is a 501(c) 3 tax-exempt organization. Donors receive a year end contribution letter for tax purposes. Your gift is tax-deductible to the extent allowed by law.

It takes **one month** to notify your bank before the first deduction. Your bank account will then be charged during the first full week of each month. We request that this plan be used by donors whose monthly contributions will continue for **a minimum of six months**. If you have questions about electronic deduction please call School District staff at 541-757-3900. For questions about your donation, call Corvallis Public Schools Foundation staff at 541-757-5857.

- **Step 1** Complete the information requested below and **enclose or attach a voided check** for the account from which you wish to make your donations.

Name and mailing address of signer on checking/savings account:

Name: _____

Street address, City, State, Zip code: _____

Phone: _____ Email: _____

- I support the environment! Please send me an electronic receipt for tax purposes.

For purposes of donor recognition, I would like my name (or our names) to appear as follows:

Bank Name: _____ Checking **or** Savings

My signature serves as authorization to charge my bank account in the amount of \$_____ per month. I agree that I will notify the Schools Foundation if I close this account.

I want my deduction to begin _____ (month/year) and please choose **one** of the following:

- I want my deduction to end _____ (month/year)
- or**
- I wish to continue this contribution until such time as I notify CPSF otherwise.

Please direct my donation to the following area:

- Area of greatest need
- or**
- Specific school or program (please specify): _____

Signature of authorized signer on this account

Date

- **Step 2** Send authorization and voided check to:
Corvallis Public Schools Foundation
1555 SW 35th Street
Corvallis, OR 97330

CPSF revised 3/2019

-----**FOR OFFICE USE**-----
PRENOTE: _____
EFFECTIVE DATE: _____ REVENUE ACCOUNT NUMBER: _____