

# The Sutter Club Foundation Donation Form

## YOUR INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

E-mail \_\_\_\_\_

(receipt will be e-mailed)

## DONATION INFORMATION

Check Enclosed  ACH  Credit Card

CC No. or Bank Account \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV \_\_\_\_ ACH Routing \_\_\_\_\_

One time donation  Monthly  Quarterly  End Date \_\_\_\_\_

Donation Amount \$ \_\_\_\_\_ (\$10.00 minimum) for a Total of \$ \_\_\_\_\_

Would you like your donation to remain anonymous? yes

Please make my donation in memory of: \_\_\_\_\_

## BILLING INFORMATION FOR CARD / ACH

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Tax Deductible 501(c)(3) Federal Tax ID # 82-1855989