



Winfield Community Development Group

(319) 257- 6661
winfield2@farmtel.net

115 N. Locust St.
P.O. Box 73
Winfield, IA 52659

Rick Rodgers Community Pool- Donation Form

Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Email: _____

I WISH TO GIVE A TOTAL OF \$ _____

Please choose one of the three following options:

I will make my gift in ONE total payment.

I will make a multi-year pledge with installments as follows:

2017 \$ _____ 2018 \$ _____ 2019 \$ _____

I wish to make recurring monthly payments of:

\$ _____ per installment

Start _____ / _____ End _____ / _____
Month Year Month Year

Please fill out form on the back.

PAYMENT OPTIONS

Check Payable to Winfield Community Development Group –or- WCDG

ACH Withdrawal Please fill out the form on the back.

Signature for pledge _____ Date _____

Tax receipts will be issued for all gifts

Please send pledge form to: **Winfield Community Development Group (EIN # 81-2304676)**
P.O. Box 73
Winfield, IA 52659

I want my donation to remain anonymous.

The Winfield Community Development Group Swimming Pool Fund Raiser

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize The Winfield Community Development Group to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Select One:

- Checking Account
 Savings Account

at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Routing Number _____

Account Number _____

Amount authorized of each withdrawal: \$ _____

Date of first withdrawal: _____ (mm/dd/yyyy)

Withdrawal Date (pick one) 1st _____ 15th _____ 28th _____

Length of withdrawals [] 1 year [] 2 years [] 3 years

Phone Number (____)-_____

I (we) understand that this authorization will remain in full force and effect until I (we) notify Winfield Community Development Group in writing that I (we) wish to revoke this authorization. I (we) understand that Winfield Community Development Group requires at least 30 days prior notice in order to cancel this authorization.

Name _____ (Please Print)

Signature _____ Date _____