



AUTHORIZATION FOR AUTOMATIC DONATION

I authorize the Chetek Area Scholarship Foundation to initiate a withdrawal from my account to make a donation to the Chetek Area Scholarship Foundation. This authority will remain in effect until I notify the Chetek Area Scholarship Foundation in writing to cancel this withdrawal. **Please include a VOIDED check** and complete the following information. The withdrawal will come out of your account on the 15th of each month. At year end, you will receive a statement of your yearly donations. All donations to the Chetek Area Scholarship Foundation are tax deductible.

Name of Financial Institution _____

Financial Institution Routing Number _____

Checking Account Number _____ or Savings Account Number _____

Amount of Monthly Donation: __\$5 __\$10 __\$15 __\$20 __\$25 __\$50 ____\$Other

Name on the Account _____

Mailing Address _____

Email Address _____

Signature _____

Chetek Area Scholarship Foundation P.O. Box 244, Chetek, WI 54728, www.chetekscholarships.com