



## Bank Donation Authorization Form

1. Donor Information

---

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

---

Street Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

---

Phone \_\_\_\_\_ Email \_\_\_\_\_

2. By signing below, I authorize the Town Square Community Foundation to automatically withdraw from the following bank account for a charitable donation to:

- General Fund     Rosebud Park Fund -THRIVE     Education Fund     Historical Preservation

I would like to make the donation in memory of/honor of: \_\_\_\_\_

3. I would like to Donate the following amount, monthly for 36 months on the  1<sup>st</sup> or  15<sup>th</sup>.

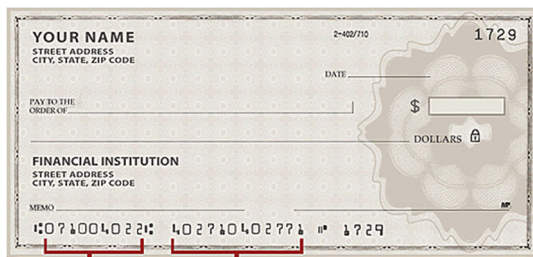
- \$14 (Pledge of \$500)                       \$28 (Pledge of \$1,000)
- \$69 (Pledge of \$2,500)                       \$139 (Pledge of \$5,000)
- Other amount per month \_\_\_\_\_

Bank Information

Bank Name: \_\_\_\_\_

Account Type:  Checking     Savings                      Account Name: \_\_\_\_\_

Account Number (Please Print): \_\_\_\_\_                      Routing Number (Please Print): \_\_\_\_\_



ROUTING NUMBER ACCOUNT NUMBER

**RETURN TO: TSCF, PO Box 522, ROSEBUD, TX 76570 or FAX 877-455-1229**