



Please return to:
Michigan 4-H Foundation
535 Chestnut Road, Room 240
East Lansing, MI 48824
Phone: (517) 353-6692
FAX: (517) 432-3310
Email: info@mi4hfdtn.org
Web: www.mi4hfdtn.org

Gifts to the Michigan 4-H Foundation can also be made in the form of appreciated stock and other appreciated securities, charitable gift annuities, life insurance or retirement funds, bequests and in-kind gifts. Please contact the Michigan 4-H Foundation at (517) 353-6692 for instructions on making non-cash gifts. It is recommended that you consult with your tax adviser or attorney as well as with a Michigan 4-H Foundation representative before making a non-cash gift to verify that your intention can be met.

The Michigan 4-H Foundation, a public foundation headquartered in East Lansing, Michigan, USA, receives charitable contributions and special grants for the development and support of 4-H youth programs in Michigan. The foundation is licensed to solicit charitable gifts by the state of Michigan. (MICS 2751)

ELECTRONIC FUND TRANSFER AUTHORIZATION

Authorization form for preauthorized fixed withdrawals for the purpose of monthly charitable contributions to the Michigan 4-H Foundation.

I hereby authorize the Michigan 4-H Foundation to make withdrawals once a month from the account identified below at _____ (name of depository financial institution, hereinafter referred to as DFI) and authorize the DFI to charge such withdrawals to my listed account. These withdrawals are charitable contributions to the Michigan 4-H Foundation.

Such withdrawals shall be equal to \$_____ each month (for _____ months, totaling \$_____). If the purpose for withdrawal is restricted in any manner, such restriction is listed below. Adjusting entries to correct errors is also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the rules of the Michigan Automated Clearing House Association. The authorization will remain in effect until written notice of termination is given to the Michigan 4-H Foundation or my current pledge payments are completed. I acknowledge receipt of a filled in copy of this authorization.

GIFT INFORMATION

Full name(s) of donor(s) _____

State any designation(s) for your monthly gift _____

Signature of authorizing party _____

Date _____

Social Security # (or Tax ID # if an organization) _____

Transfer start date: _____

- Please discontinue transfer when pledge is completed.
- Please discontinue transfer on this date: _____
- Please automatically renew transfer each year until otherwise notified.

PLEASE ATTACH A DEPOSIT SLIP OR A VOIDED CHECK AND RETURN WITH A PLEDGE FORM.

FOR OFFICE USE ONLY:

DFI's routing and transit number _____
Staff member reviewing form _____ Date _____