Eugene Friends Meeting Friendly Donor Change Form

Return this form to the EFM treasurer only if you wish to increase, decrease, or terminate your automatic monthly donation, or if you wish to change your donation allocation. Also use this form if you wish to change your address. There is no need to attach a voided check unless you wish to change the account from which you authorize your gift to be automatically withdrawn.

Account Holder N	lame				
Street Address (if	changed)				
City	State	Zip			
Evening Phone (In case the Treasurer has questions regarding your wishes)				I (we) hereby authorize the Charitable Partnership Fund (CPF) to initiate debit entries to my (our) account described on this form, at	
Please change the to Eugene Friend	e amount of my mo ls Meeting to:	onthly autor	natic donation	the Bank identified on this form, and to debit the same to such account. This authority will remain in effect	
Authorized mon	thly donation to Eu	igene Frien	ds Meeting:	until I notify CPF in writing to	
□ \$10 □ \$1	5 □ \$20	□ \$25	□ \$50	cancel it, in such time as to allow the Bank a reasonable time to act	
□ \$100 □ \$1	Other \(\sigma\) \$ [please enter a	a multiple of \$	5)	on the termination. I can stop payment of an entry by notifying my financial institution three (3) days before my account is charged. I	
Please transfer funds monthly on the: 1st 15th (Circle day of month)				may also change the amount of the debit by notifying CPF in writing. SUCH DEBITS ARE TO BE MADE	
I CHANGED MY BANK BRANCH				FOR THE BENEFIT OF THE NON-	
OPTIONAL GIFT DESIGNATION (If you do not designate part of your gift, it can be used to meet the greatest need). □ Please allocate a portion of my monthly gift to:				PROFIT ORGANIZATION IDENTIFIED ON THIS FORM, hereinafter called RECIPIENT, to be paid to RECIPIENT in the manner and times as agreed from time to time between CPF and RECIPIENT.	
(Please designate no more than 40% of your total gift by circling the desired %)				I (we) understand that if	
,	20% or 40% Building & Grounds Fund			RECIPIENT is not qualified as a public charity, or otherwise does	
20% or 40% Endowment Set Aside Fund				not satisfy distribution policies set	
	20% or 40% Sharing Fund			forth by CPF, I (we) may identify another organization to serve as	
□ 20% or 40%	Scholarship Fund	l		RECIPIENT. I (we) further	
<u>OR</u>				understand that CPF has final authority over the entity that may	
-	tomatic withdrawa a voided check to a	•		serve as RECIPIENT, as set forth in CPF's policies.	
☐ I no longer wish to authorize any automatic withdrawals I request that Charitable Partnership Fund apply the changes indicated on this form upon receipt.				NOTE: Eugene Friends Meeting is qualified as a public charity and complies with all mandates. Eugene Friends Meeting has chosen to use the services of the non-profit Charitable Partnership Fund, PO Box 13276, Portland, OR 97213, to	
MY AUTHORIZING SIGNATURE			DATE	process its automatic donations.	

Version: 20140621 Page **1** of **1**