

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 or financial institution routing statement unless you wish to change the account from which you authorize your gift to be automatically withdrawn.**

Account Holder Name _____

Street Address (if changed) _____

City _____ State _____ Zip _____

Evening Phone _____
(In case the Treasurer has questions regarding your wishes)

Please change the amount of my monthly automatic donation to Eugene Friends Meeting to:

Authorized monthly donation to Eugene Friends Meeting:

- \$10 \$15 \$20 \$25 \$50
 \$100 \$120 Other \$ _____
(Please enter a multiple of \$5)

Please transfer funds monthly on the: 1st 15th
(Circle day of month)

I CHANGED MY BANK BRANCH

OPTIONAL GIFT DESIGNATION

- Please change the designated part of my gift as shown below.
 Please remove previous designations so my gift can be used to meet the greatest need.

Please designate no more than 40% of your total gift by circling the desired percentage.

- 20% or 40% Capital Improvements Fund
20% or 40% Endowment Set Aside Fund
20% or 40% Sharing Fund
20% or 40% Scholarship Fund
20% or 40% Welcoming Remodel Project

OR

- Please stop automatic withdrawals from my bank account**
 I have attached a voided check or financial institution routing statement to a new authorized account

I request that Charitable Partnership Fund apply the changes indicated on this form upon receipt.

AUTHORIZING SIGNATURE

DATE

Version: 20200201

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I (we) hereby authorize the Charitable Partnership Fund (CPF) to initiate debit entries to my (our) account described on this form, at the Bank identified on this form, and to debit the same to such account. SUCH DEBITS ARE TO BE MADE FOR THE BENEFIT OF EUGENE FRIENDS MEETING hereinafter called RECIPIENT, to be paid to RECIPIENT per terms of agreement between CPF and RECIPIENT. (These debit transactions will be identified on bank statements as 'CHARITABLE PARTNERSHIP' or its abbreviation based on statement format and space limitations).

This authority will remain in effect until I (we) notify the appropriate parties of changes in such time as to allow the Bank a reasonable time to act on the notification. Requests for termination in this program, or for reductions in contribution amounts, should be made to RECIPIENT who will forward to CPF. Requests for increases in contribution amounts, or any notice of changes to account information, must be submitted *in writing, accompanied by date and signature(s)*, to RECIPIENT who will forward to CPF. I (we) understand that while I (we) submit requests for changes regarding my (our) participation in this program to RECIPIENT, final responsibility for notifying CPF of any changes lies with me (us), the donor(s).

I (we) can stop payment of an entry by notifying my (our) financial institution three (3) days before my account is charged.

I (we) understand that if RECIPIENT is not qualified as a public charity, or otherwise does not satisfy distribution policies set forth by CPF, I (we) may identify another organization to serve as RECIPIENT. I (we) further understand that CPF has final authority over the entity that may serve as RECIPIENT, as set forth in CPF's policies.

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 process its automatic donations.