

# CURE

## Donation Form

### 1 SUPPORT AMOUNT

#### Monthly Sustaining Donation:

- \$10/mo  \$15/mo  \$20/mo  \$35/mo  
 \$50/mo  \$100/mo  \$ \_\_\_\_\_/mo

#### One-time Donation:

- \$30  \$50  \$100  \$500  \$ \_\_\_\_\_

Would you like to apply a portion of your donation to a CURE annual membership?

- Student (\$20)  Individual (\$30)  Family (\$45)  
 Business/Organization/School (\$100)  
 Already a CURE member

### 2 CONTACT INFORMATION

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

- List me as anonymous  My employer matches my donation

### 3 TELL US MORE

#### I'm interested in:

- |   |  |
|---|--|
| <input type="checkbox"/> Carbon Pipelines       | <input type="checkbox"/> Racial Justice        |
| <input type="checkbox"/> Climate                | <input type="checkbox"/> Renewable Energy      |
| <input type="checkbox"/> Connecting with Nature | <input type="checkbox"/> Rural Democracy       |
| <input type="checkbox"/> Electric Vehicles      | <input type="checkbox"/> Rural Electric Co-ops |
| <input type="checkbox"/> Environmental Justice  | <input type="checkbox"/> Water                 |
|   | <input type="checkbox"/> Other: _____          |

### 4 PAYMENT INFORMATION

#### Electronic Debit

(This ensures 100% of your investment benefits CURE)

Financial Institution: \_\_\_\_\_

Account Owner: \_\_\_\_\_

Type of Account:  Checkings  Savings

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Please attach a voided check or deposit slip for e-debit option.\**

#### Credit Card

(There is a 3.3% credit card processing fee)

Name on Credit Card (if different): \_\_\_\_\_

Credit Card Billing Address (if different): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Check** |  My check, payable to CURE, is enclosed.

#### CURE Monthly Electronic Debit Authorization

By completing this form, I give CURE permission to electronically debit the account or credit card listed above on a monthly basis. I understand that I may adjust my monthly contribution at anytime by notifying CURE in writing. The transactions are made on the 5th of every month and adjustments will be made at that time. Co-op Credit Union in Montevideo, MN is the financial institution processing these transactions.

**PLEASE DO NOT email account numbers. Return the form by mail or call CURE, 117 S 1st St, Montevideo, MN 56265.** CURE is a charitable organization exempt for taxation under section 501c(3) of the Internal Revenue Code. Donations are tax-deductible to the extent permitted by law.