

CURE

Donation Form

1 SUPPORT AMOUNT

Monthly Sustaining Donation:

- ☐ \$10/mo ☐ \$15/mo ☐ \$25/mo ☐ \$35/mo
☐ \$50/mo ☐ \$100/mo ☐ \$ _____/mo
 (\$5/mo minimum)

One-time Donation:

- ☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ \$1000 ☐ \$ _____

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 the Outdoors | <input type="checkbox"/> Rural Democracy |
| <input type="checkbox"/> Electric Vehicles | <input type="checkbox"/> Rural Electric Co-op Info |
| <input type="checkbox"/> Environmental Justice | <input type="checkbox"/> Water |
| | <input type="checkbox"/> Other: _____ |



4 PAYMENT INFORMATION

Electronic Debit* for Monthly Giving

This ensures 100% of your investment benefits CURE

(One-time donations can be made onsite or call 320-269-2984)

Financial Institution: _____

Account Owner: _____

Type of Account: ☐ Checking ☐ Savings

Routing Number: _____

Account Number: _____

Signature: _____

Date: _____

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

- OR -

Credit Card (Credit card processing fee is: 3.5% +\$0.25 per transaction for Visa, MC & Discover. 4.10% +\$0.25 per AMEX)

Name on Credit Card (if different): _____

Credit Card Billing Address (if different): _____

Credit Card Number: _____

Exp Date: _____ CVC Code: _____

Signature: _____

Date: _____

*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 CURE, 117 S 1st St, Montevideo, MN 56265 or call 320-269-2984. CURE is a charitable organization exempt for taxation under section 501(c)(3) of the Internal Revenue Code. Donations are tax-deductible to the extent permitted by law.

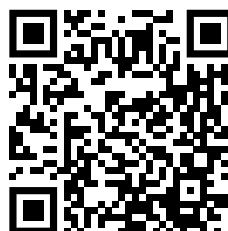
Scan this code to access our online donation form at bit.ly/SupportCURE



Questions? Please contact
Peg Furshong at
peg@curemn.org or
320-269-2984

Other ways to give:

PayPal @curemn



venmo
@CURE_MN