

# 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"/> Environmental 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"/> Data Centers                 | <input type="checkbox"/> Rural Electric Co-op Info |
| <input type="checkbox"/> Electric Vehicles            | <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: 3.5% +\$0.25 per transaction for Visa, MC, Discover & GooglePay. 4.10% +\$0.25 / 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 501c(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](https://bit.ly/SupportCURE)

Questions? Please contact  
**Peg Furshong at**  
**[peg@curemn.org](mailto:peg@curemn.org) or**  
**320-269-2984**



Scan this code to use PayPal