



Monthly Giving Enrollment Form

Date: _____ Name: _____

Day Phone: _____ Eve Phone: _____

Address: _____ City, State, Zip: _____

Email: _____ Notes: _____

Monthly Giving Pledge: \$40 \$50 \$75 \$100 \$125 \$150 Other \$ _____

Please acknowledge my monthly gifts (please check one): Annually Monthly Both

Method of payment:

- I will mail in my check monthly. Please send me a supply of pre-addressed envelopes
- Please remind me to make my payment each month. (Monthly letter & envelope will be sent)
- I would like my credit card charged monthly. (you will receive a receipt via email for each charge)

Type: (circle) Visa MC Amex Discover Card Number: _____

Name on card: _____ Expiration: _____ Sec. Code: _____

I authorize the CRVI Foundation to charge my card as indicated above each month. This authorization will remain in effect until I notify the CRVI Foundation in writing that I wish to discontinue my contribution.

Signature: _____ Date: _____

Print Name: _____

**Please return this form via Fax at 845-673-4072 or mail to:
CRVI Foundation 601 Stony Ford Road Middletown, NY 10941**

Be sure to retain a copy of this form for your records.
You will be contacted to confirm your monthly giving pledge.

For further information, contact the Foundation office at 845-695-2545.
The Crystal Run Village Foundation is a 501(c)(3) non-profit Organization.
Your gifts are tax-deductible to the full extent of the law.

Thank you for your support!