Genesee Valley Conservancy

Donor Authorization for Monthly Giving

I (we), _____(please print name/s), authorize Genesee Valley Conservancy, Inc. to electronically debit my(our) account each month as follows:

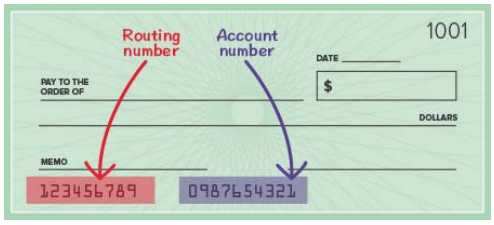
Select One: __ Checking Account __ Savings Account

Bank Name^ _____

Routing Number^ _____

Account Number^ _____

^ATTACHING A VOIDED CHECK WOULD BE BEST.



Monthly Donation Amount *(select one)*

❑ $300	❑ $ 75	❑ $ 15
❑ $200	❑ $ 50	❑ $ 10
❑ $100	❑ $ 25	❑ $_____

**Please make a minimum gift of $5 per month*

Select a date for the monthly transaction: 1st 15th 26th

-Transactions will debit on the following business day if the date falls on a weekend or holiday.

Email: _____

-You will receive an email prior to each transfer as a reminder that it is going to occur

❑ Please keep this giving anonymous *All gifts are tax deductible.*

_____

Signed Dated

Please return this signed form to:

Genesee Valley Conservancy, Inc.
PO Box 73
Geneseo, NY 14454

Thank you for your commitment to supporting Genesee Valley Conservancy all year long!

"To protect the habitat, open space, and farmland of the Genesee Valley region."

www.GeneseeValleyConservancy.org

PO Box 73, One Main Street, Geneseo NY 14454
585-243-2190