

Friends of Buford Park & Mt. Pisgah Monthly Donor Form



Mountain Sponsors

By giving monthly, you help provide reliable support that is vital to protecting and enhancing the Mt. Pisgah area. You receive a trail map, semi-annual *Rookery* newsletter, event invitations, annual report and other benefits. Plus, you will **not** receive renewal notices by mail!

Donations are tax-deductible to the extent allowed by law.

*For more information contact Ronnel Curry
PO Box 5266, Eugene OR 97405
at 541-344-8350 or
development@bufordpark.org,
www.bufordpark.org*

Please complete steps 1 to 5 to become a Mountain Sponsor today!

Step 1. Personal Information (Please print)

Name _____

Street _____

City _____ State _____

Zip _____ Business Phone _____

Home Phone _____ Cell Phone _____

E-mail _____

Step 2. Indicate Monthly Donation Level

Please withdraw the selected amount monthly from my checking account.

Pathfinders

\$10 a month \$15 a month \$20 a month

Shooting Stars

Donate \$250 or more, receive a 12-month parking pass for Howard Buford Recreation Area

\$25 a month \$30 a month \$35 a month

Other \$_____ a month

Step 3. Indicate When to Withdraw the Amount

1st of the month 15th of the month

Step 4. Agreement to Terms

By signing below I agree to the terms and conditions that allow for the monthly donation withdrawal from my account. See terms below.

Signature required _____

Step 5. Mail this **signed form** and a **voided check to us.**

Friends of Buford Park, PO Box 5266, Eugene OR 97405

My Employer Offers a Matching Gift Program

Business/Organization _____

The matching gift form is: enclosed will be forwarded.

I wish my gift to remain anonymous. Please don't acknowledge my support in your publications.

TERMS AND CONDITIONS. I (we) hereby authorize the Charitable Partnership Fund (CPF) to initiate debit entries to my (our) account described on this form, at the Bank identified on this form, and to debit the same to such account. SUCH DEBITS ARE TO BE MADE FOR THE BENEFIT OF Friends of Buford Park & Mt. Pisgah hereinafter called RECIPIENT, to be paid to RECIPIENT in the manner and times as agreed from time to time between CPF and RECIPIENT.

This authority will remain in effect until I (we) notify the appropriate parties of changes in such time as to allow the Bank a reasonable time to act on the notification. Requests for termination in this program, or for reductions in contribution amounts, should be made to RECIPIENT who will forward to CPF. Requests for increases in contribution amounts, or any notice of changes to account information, must be submitted in writing, accompanied by date and signature(s), to RECIPIENT who will forward to CPF. I (we) understand that while I (we) submit requests for changes regarding my (our) participation in this program to RECIPIENT, final responsibility for notifying CPF of any changes lies with me (us), the donor(s).

I (we) can stop payment of an entry by notifying my (our) financial institution three (3) days before my account is charged.

I (we) understand that if RECIPIENT is not qualified as a public charity, or otherwise does not satisfy distribution policies set forth by CPF, I (we) may identify another organization to serve as RECIPIENT. I (we) further understand that CPF has final authority over the entity that may serve as RECIPIENT, as set forth in CPF's policies.