

# Our Family Will Donate To Friends of New Traditions

- Please print this page and complete the forms below if you choose to donate to Friends of New Traditions by monthly installment payments.
- Mail the forms with a voided blank check to:  
Friends of New Traditions, 2049 Grove Street, San Francisco, CA 94117.

## Donor Information

Name(s)	
Street Address	
City & ZIP Code	
Student(s) at New Traditions	
Telephone	
E-Mail	

## Financial Donation Information

Our family pledge(s) a total of \$\_\_\_\_\_ to be paid in monthly installments by automatic debits from a checking account.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **Complete this section if an employer or other organization will match your gift.**

Name of matching organization: \_\_\_\_\_

\_\_\_\_\_ form enclosed

\_\_\_\_\_ please call or email the matching entity's representative at: \_\_\_\_\_

Contributions are tax-deductible to the extent permitted by law. Friends of New Traditions, IRC 501(c)(3), Tax ID 94-3220822. Please contact us at [directdonations@newtraditionssf.com](mailto:directdonations@newtraditionssf.com) if you have any questions or would like to discuss your donation.

# Authorization for Payment by Bank Draft

You must complete this form if you choose to donate to Friends of New Traditions by monthly installment payments.

Name on Account	
Bank Name	
Bank Branch & Address	
Checking Account Number	

I am donating a total amount of \$ \_\_\_\_\_, to be paid in monthly installments as authorized below.

I hereby authorize my financial institution to charge my account on the \_\_\_\_\_ (choose day, e.g. 1<sup>st</sup>, 15<sup>th</sup>) of each month and to pay to Friends of New Traditions pursuant to the following installment schedule (check one of the following and enter the amount of each installment (total donation divided by the number of payments):

\_\_\_\_\_ Eight equal payments of \$ \_\_\_\_\_ each month, beginning in October 2011 and ending in May 2012. (Form must be returned by September 29, 2011.)

\_\_\_\_\_ Seven equal payments of \$ \_\_\_\_\_ each month, beginning in November 2011 and ending in May 2012. (Form must be returned by October 27, 2011.)

\_\_\_\_\_ Six equal payments of \$ \_\_\_\_\_ each month, beginning in December 2011 and ending in May 2012. (Form must be returned by December 1, 2011.)

I understand that the authority to charge my account at the bank shall be the same as if I had signed a check payable to Friends of New Traditions. This authority shall remain in full force and effect until the total amount of my donation is paid. There will be a \$20 charge to my bank draft if payment is refused for insufficient funds. If my account information changes I will immediately notify Friends of New Traditions at [directdonations@newtraditionssf.com](mailto:directdonations@newtraditionssf.com) and discuss alternative ways to meet my commitment.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print) \_\_\_\_\_