Chelan-Douglas Community Action Council
Helping People. Changing Lives.
620 Lewis St. Wenatchee, WA 98801 Phone (509) 662-6156 Fax (509) 662-1737 www.cdcac.org

DONATION FORM

Name: _____Date:_____
Address: _____ City, State, Zip: _____
Phone: _____Email:_____

CATERGORIES AND FUNDS

Please select an amount, frequency and category.

Donation Amount: ☐$5 ☐$10 ☐$25 ☐$50 ☐$100 ☐$500 ☐$1000 ☐$5000 ☐Other_____

Donation Frequency: ☐One-Time Donation ☐Recurring Donation: Begin on the ☐5th ☐20th of _____ and each month thereafter. *If left unchecked, any donation will go to "where most needed."

☐ Where Most Needed	☐ Retired Senior Volunteer Program (RSVP)	☐ Housing	☐ Food Bank
☐ Literacy Council	☐Intermountain AmeriCorps (IMAC)	☐ Weatherization	☐ Energy Assistance
☐ Weatherization	☐ Wenatchee Community Center	☐ Other community programs	

PAYMENT INFORMATION

Please select "Bank Information" or "Credit Card Information" and provide corresponding information.

☐ **BANK INFORMATION:** ☐ Checking ☐ Savings
Name on Account: _____
Bank Name: _____
Routing Number: ☐☐☐☐☐☐☐☐☐ Account Number: ☐☐☐☐☐☐☐☐☐
Amount: $_____☐One-time ☐ Monthly on the ☐ 1st ☐15th of each month beginning:
Month: _____Day:_____Year:_____
Signature: _____Date:_____

☐ **CREDIT CARD INFORMATION:**
Name on Card: _____
Card Number: _____
Expiration date :(mo. year) __ __ __ __ Card Security Code: __ __ __
Amount $_____ ☐One-time ☐ Monthly on the ☐ 1st ☐15th of each month beginning:
Month: _____Day:_____Year: _____
Signature: _____Date:_____

☐ I hereby authorize Chelan-Douglas Community Action Council (CDCAC) to collect from my Account the above amount. By checking the box, I acknowledge that my account will be charged as outlined above and that payment is to be made when billed in accordance with the standard policy of the account holder's bank. If this transaction is a donation, it is considered non-refundable. If I need to request a refund of a donation, or cancel a donation, I agree to contact CDCAC as soon as possible to make the request, knowing that there may be circumstances that prevent such a refund from being made. All such requests must be made in writing to Chelan-Douglas Community Action Council and hand-delivered or mailed to 620 Lewis St. Wenatchee, WA 98801.