Chelan-Douglas Community Action Council

620 Lewis Street * Wenatchee, WA * 98801

Chelan-Douglas Community Action Council
Helping People. Changing Lives.

DONATION FORM

Name:_____Date:_____
Address:_____City, State, Zip_____
Phone:_____Email:_____

Please select an amount, frequency and category.

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

Select Program(s):

☐Where Most Needed

☐Literacy Council

☐Weatherization

☐Retired Senior Volunteer Program (RSVP)

☐AmeriCorps

☐Housing

☐Food Distribution Center

☐Energy Assistance

☐Asset Building

PAYMENT INFORMATION

Please select "Check Enclosed," "Bank Information," or "Credit Card Information."

☐**CHECK ENCLOSED**

☐**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 INFORMATON:**
Name on Card:_____
Card Number_____
Expiration date: (month 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 consider 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.