

Brookstone Schools

Sowing Seeds of Wisdom



Name: _____

Address: _____

Phone: _____ Email: _____

I would like to make a **one-time** gift of \$250 \$500 \$1,000 \$2,500 \$_____

Check (payable to **Brookstone Schools**) Visa MasterCard Discover

Card Number _____ Expiration Date _____

Signature: (*required*) _____ Today's Date: _____

I would like to make a **monthly** donation via electronic transfer (see back of this card).

Designate my gift to General Fund Academic Fund or Fine Arts Fund

PO Box 667890
Charlotte, NC 28266
(704) 392-6330 Tel
(704) 392-6335 Fax
www.brookstoneschools.org

You may also donate online at www.brookstoneschools.org.

We thank you for your support! All gifts are tax deductible.

Suzanne Wilson, Development Director

Electronic Funds Transfer Monthly Gift Authorization



I hereby authorize Brookstone Schools of Mecklenburg County to initiate a monthly charge entry to my checking/savings account at the financial institution indicated below. Transaction will take place on the 15th of each month (or the next business day if the 15th falls on a weekend). This authority will remain in effect until Brookstone Schools of Mecklenburg County is notified by me in writing to cancel it in such time as to afford Brookstone Schools of Mecklenburg County a reasonable opportunity to act on it.

Amount of monthly gift

Donor Name (PLEASE PRINT)

Donor Signature

Date

Name of Financial Institution

Location (City and State)

Checking Account Number: _____ or Savings Account Number: _____

Financial Institution's Routing/Transit Number (Look between symbols | : | on your check, 9-digit number): _____

(Please attach a voided check to this completed form)