



# S.O.S. Direct Giving Contribution Form

Directions: Complete and return this form to the S.O.S drop box in the school office or mail to: Karen Nichols, PTO Treasurer, Polaris at Ebert, 410 Park Avenue West, Denver, CO 80205-2614. Your contribution is tax deductible and a receipt will be mailed or emailed for your records. All donations are confidential.

### Select Donation Type:

I am making a one-time donation of \$\_\_\_\_\_ (*Attach your check, payable to "Polaris PTO" to this form*)

I would like to make a **monthly** donation from my bank account of (*mark amount then fill in section below*):

\_\_\_\_\_ \$25    \_\_\_\_\_ \$50    \_\_\_\_\_ \$75    \_\_\_\_\_ \$100    \_\_\_\_\_ \$200    \$\_\_\_\_\_ other

Donor Name(s): \_\_\_\_\_

Student's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Why did you choose to contribute to SOS (select primary reason)?

Contacted by SOS representative     History of giving in prior years     Read announcement

Other: \_\_\_\_\_

### COMPLETE THIS SECTION FOR ENROLLMENT IN ELECTRONIC BANKING WITHDRAWAL

Attach a voided check if you are setting up payments from a checking account. If donating from a savings account, supply your bank's routing/transit number. *Electronic donations will be made between the 24<sup>th</sup> and 28<sup>th</sup> of the month.*

Bank Name/City/State: \_\_\_\_\_

Account Type (check one):     Checking Account     Savings Account

Routing/Transit # (a 9 digit number between the ":" marks) \_\_\_\_\_

Account Number: \_\_\_\_\_

*I hereby authorize the Polaris PTO to deduct the amount indicated above by electronic transfer of funds from the account listed. This authorization is to remain in full force and effect until the PTO Treasurer receives written notice from me (and has confirmed receipt of written notice) of its termination in such time and in such manner as to afford the PTO Treasurer reasonable opportunity to act on it.*

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