



Ellensburg Christian School Legacy Partners

PO Box 426, Ellensburg, WA 98926
(509) 925-2411

I request my bank or credit card company to monthly transfer funds in the amount of \$_____ (US) until further notice.

I understand I am in full control of my donation and anytime I wish to make changes I will contact this organization.

I prefer a monthly transfer date of the _____ (day) of the month starting in _____ (month).

Checking (Attach a voided Check)

Savings (Attach a voided deposit ticket)

VISA

Acc # _____

MasterCard

Exp. Date _____ / _____

Giver's Name _____ Phone _____

Address _____ E-mail _____

City / State / Zip _____ Designation _____

Date _____ Giver's Signature _____

Separate along this line and retain bottom portion for your (donor) records.

***Thank you! Your faithfulness is appreciated.
Please contact us for any changes required.***

Monthly Amount _____ Date of Transfer _____

Bank Account _____ Credit/Debit Card _____



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