

Give Your Budget a Break ... Discover Easy EFT.

4 Reasons Electronic Fund Transfers Make Giving Easier than Ever Before.

- It Saves Time** — No more check writing and postage.
- It's Safe** — No more concerns about your check being lost in the mail.
- It's Transformative**—small monthly gifts become significant annual gifts.
- It Saves ISF Money**—*More of your dollars are directed to our students.*

Here's How It Works

- Decide whether you'd like your gift **automatically deducted from your checking** account OR **automatically charged to your credit card.**
- Enter your personal information where indicated on the reverse side of this form. **Be sure to sign your name, include the monthly gift amount and today's date.**
- Complete the requested checking account/credit card information.
- **Include a voided check** to provide ISF with the required banking information for the electronic transfer.

Please Note:

*The first transfer will take place within a month after the receipt of this application. **If you choose an electronic transfer from a savings account please state so and attach a deposit slip for that account to this form.** You will receive a letter confirming your participation in ISF's Electronic Funds Transfer program. The transfers will occur automatically each month. Your record of giving will appear on your bank account or credit card statement. ISF will continue to send you receipts for your tax records. If at any time you wish to discontinue using the program, simply call the ISF office at 425.416.2045.*

Monthly Giving Chart

Monthly Deduction	Annual Gift
\$10/month	\$120
\$15/month	\$180
\$20/month	\$240
\$25/month	\$300
\$30/month	\$360
\$35/month	\$420
\$40/month	\$480
\$45/month	\$540
\$50/month	\$600
\$60/month	\$720
\$75/month	\$900
\$85/month	\$1,020 = Leadership Circle
\$100/month	\$1,200

Electronic Funds Transfer

I authorize my bank to transfer \$_____ from my account each month to the Issaquah Schools Foundation in accordance with the terms and conditions stated on the reverse side of this form.

Please include a voided check.

Name of Account Holder _____

Bank Name _____

Account Number _____

Routing Number _____

Signature _____ Date _____

(required)

If desired, please indicate the amounts and designations for your gifts.

- Academic Enrichment \$ _____
- Struggling Students \$ _____
- Professional Development \$ _____

Credit Card Transfer

I authorize the Issaquah Schools Foundation to charge \$_____ each month from my credit card in accordance with the terms and conditions stated on the reverse side of this form.

Bankcard (circle one) **VISA MC AMEX Discover**

Card # _____

Signature _____ Exp. _____

(required)

Today's Date _____

If desired, please indicate the amounts and designations for your gifts.

- Academic Enrichment \$ _____
- Struggling Students \$ _____
- Professional Development \$ _____