



VESTERHEIM

The National Norwegian-American Museum and Folk Art School

# Make an Impact

To make a monthly gift to the Vesterheim Annual Fund, please fill out this authorization form. If using a checking account, please attach a voided check or deposit slip. If using a savings account, please attach a deposit slip. If you prefer to set up recurring donations with your credit card, sign up for monthly giving online at vesterheim.org/donate or fill out the information below. In order to cancel monthly giving, written notice of your intentions must be received by Vesterheim at least 10 business days before the next scheduled withdrawal.

If you have questions, please call or email Vesterheim, 563 382-9681, info@vesterheim.org.

## Authorization Agreement for Preauthorized Payments

Donor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

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

NOTE: Your email address will not be shared.

Donation Amount     \$50     \$100     \$250     Other: \_\_\_\_\_

Circle a date for the monthly transaction to be initiated:     the 15<sup>th</sup>     the 30<sup>th</sup> (last day of February)

### Pay with Bank Account

#### Type of Account

Checking (voided check/deposit slip)

Savings (deposit slip)

Name on Account: \_\_\_\_\_

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

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

I authorize Vesterheim Norwegian-American Museum to initiate debit entries in the amount specified above to the account indicated above each month. If necessary, I authorize Vesterheim Norwegian-American Museum to initiate credit entries and adjustments for any entries made in error to the same account.

### Pay with Credit Card

American Express

MasterCard

Visa

Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Security Code Number: \_\_\_\_\_

I authorize Vesterheim Norwegian-American Museum to charge my credit card in the amount specified above each month. If necessary, I authorize Vesterheim Norwegian-American Museum to initiate credit entries and adjustments for any entries made in error to the same card.

Signature of Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_