

Kilns Monthly Partners are people who believe in the vision of Kilns College and are willing to support us through a recurring monthly donation of \$5, \$25, \$50 or \$100 – whatever the amount.

Our goal isn't to apply pressure or guilt, but simply to build a strong base of support for long term sustainability. The Monthly Partners also help us in pursuing grant monies, as most grant organizations prefer to see broad based local support.

Please consider joining Kilns College as a Monthly Partner and become a part of something new in Christian education.

* Kilns Partners of \$100 per month receive a free class per semester and entrance into the yearly golf tournament.

Kilns Partnership Program



Electronic Funds Transfer (ACH) or Recurring Credit Card Gifts Form

Now you can enjoy the convenience of making monthly gifts to Kilns College by having the amount you select automatically deducted from your checking or savings account or having it charged to the card you select. There is no minimum monthly amount to enroll and deductions/charges will occur on the 15th of each month.

You may change your ACH or Recurring Credit Card Option at any time by contacting our offices at:

Kilns College
P.O. Box 673 Bend, OR 97709
(541) 389-9166 info@kilnscollege.org

With all gift transactions Kilns College keeps personal information private and strictly confidential. Please note that all charges declined by the credit card issuer or the financial institution maintaining your checking or savings account will constitute grounds for cancellation of service and may be subject to a fee.

To enroll, simply complete the form on the right.



Electronic Funds Transfer (ACH) or Recurring Credit Card Gifts Form

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: () _____ Cell: () _____

Email: _____

Monthly Deduction Amount: \$ _____

Select One Deduction Option:

Recurring Credit Card
() American Express () MasterCard () Visa

Card Number: _____

Expiration Date: _____

Electronic Funds Transfer (ACH):

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Notice to Customer:

*A voided sample check or deposit slip must accompany this form if you choose ACH. (please attach a check on the back side of this detachable form)

*This payment authorization is valid and to remain in effect unless I, notify Kilns College of its cancellation by sending written notice.

* I authorize Kilns College to charge my bank account or credit card on the 15th of every month.

*When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds will be withdrawn on the 15th of every month, and you will not receive your check back from your financial institution.

Signature Required to Enroll:

Signature: _____