

Donor Authorization for Monthly Giving

I (we),	(please print name/s), authorize Genesee
Valley Conservancy, Inc. to electronical	ly debit my(our) account each month as follows:
Select One: Checking Account	Savings Account
Bank Name^	Routing Account 1001
Routing Number^	PAY TO THE
Account Number^	
Monthly Donation Amount (select one) ☐ \$300 ☐ \$100	 □ \$ 75 □ \$ 15 □ \$ 50 □ \$ 10 □ \$ 25 □ \$ *Please make a minimum gift of \$5 per month
Select a date for the monthly transaction -Transactions will debit on the following but	on: 1 st 15 th 26 th usiness day if the date falls on a weekend or holiday.
Email:	
☐ Please keep this giving anonymous	All gifts are tax deductible.
Signed Da	<u></u> ated
Please return this signed form to: Genesee Valley Conservancy, In PO Box 73 Geneseo, NY 14454	c.

Thank you for your commitment to supporting Genesee Valley Conservancy all year long!



