



**Community Christian School of Baraboo
Donation Form**

To make a one-time or monthly donation, please complete this form and mail it along with your check, credit card, or bank information to **Community Christian School
E12654 County Rd T
Baraboo, WI 53913**

Full Name: _____ Phone: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Yes! I would like to support Community Christian School with a one-time or monthly donation (check one):

- ONE-TIME. My check or credit card information is included.
- MONTHLY (minimum \$10 per month). My credit card or bank information is included. I authorize CCS to charge my credit card or checking account each month as indicated below.

I will make my donation by (check one):

CHECK - Please enclose your check made out to "Community Christian School".

CREDIT CARD

Amount: \$ _____ Credit Card Number: _____

Visa _____ MasterCard _____ American Express _____ Discover _____

Expiration Date (MM/YYYY): _____ - _____ Security Code: _____

Name (as it appears on card): _____

Signature: _____ Date: _____

CHECKING ACCOUNT DEBIT - Please enclose a voided check. (You can also arrange an automatic monthly payment directly with your bank which will save the school transaction fees.)

Amount: \$ _____ Signature: _____ Date: _____

I would like to receive my donation statement by e-mail.

Credit Card and Check Account Debit Terms of Agreement for Monthly Donations:

This authorization to charge my credit card or bank checking account is just like writing a check to CCS or making a charge on my credit card, except that it will be done directly on my behalf. I understand that each transaction will appear on my regular bank or credit card statement. Monthly checking account debits will be made on the 15th of each month. I further understand that this agreement will remain in effect until I notify CCS that I wish to change or suspend it, and CCS has two months to fulfill my request.

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