



Monthly Giving Club

YES! I would like to assist people with disabilities to Live, Learn and Work all year long.

Name(s): _____

Address: _____ City: _____ State: _____ ZIP _____

Phone: (_____) _____ - _____ E-Mail: _____

Please accept my monthly gift of \$ _____ to be billed directly to my:

Checking Account (Please attach a voided check)

By checking this option, I agree to use my bank account as a payment method and authorize this organization to debit my bank account to fulfill my donation commitment.

Signature _____ Date: _____

Savings account (Please attach a savings account slip)

By checking this option, I agree to use my bank account as a payment method and authorize this organization to debit my bank account to fulfill my donation commitment.

Signature _____ Date: _____

Credit Card Visa MasterCard

Card Number: _____ Exp. Date: _____ CSV: _____

Signature _____ Date: _____

Begin my monthly transfer on the day of 5th or 20th ____/____ (month/year)

I prefer to make gifts via check in the amount of \$ _____ per month.

Signature _____ Date: _____

You can setup your monthly gift online at: <https://donatenow.networkforgood.org/1425072>

*Note: Make sure to select the "Monthly" tab under HOW OFTEN DO YOU WANT TO MAKE YOUR DONATION?

Thank You!

Donate online today at: opportunities.org/take-action/donate/

*Your contribution will make a difference in the lives of the people we serve!

I am interested in including Opportunity Partners in my will. Send me information.

My employer has a matching gift program. Name of company: _____

I would like to learn more about volunteer opportunities.

Please return this form by mail to:

Opportunity Partners
Attn: Brie Geurink
5500 Opportunity Ct
Minnetonka, MN 55343

Or email as an attachment to:

bgeurink@opportunities.org