



Voices for Kids
A CASA Monthly Giving Program

YES! I will be a Voice for Kids. I want to support Court Appointed Special Advocates (CASA) by making automatic monthly gifts. I understand I can stop my contributions at any time by contacting CASA at (541) 984-3132. My gifts will be recorded on my bank or credit card statement that will serve as my receipt.

I authorize CASA of Lane County to initiate a withdrawal each month in the amount of:

___\$15 ___\$20 ___\$35 ___\$50 ___\$83 (sponsor a CASA volunteer)

Other: \$_____per/month

Withdrawals will be taken on the 20th of each month from my:

_____ checking account *or* _____ savings account *or* _____ credit card

**NOTE: A check or deposit slip with VOID written across it must accompany sign-ups for checking and savings accounts.*

Signature _____ **Date** _____

Name _____

Address _____

City, State, Zip _____

Phone & Email _____

I/we wish to remain **anonymous**. (If you do not check this box, we will acknowledge you in CASA publications throughout the year.)

Credit Card Withdrawals

Visa/MasterCard Number _____ Exp. _____

OR

Bank Account Withdrawals

I have enclosed a **check** from my bank account with **VOID** written across it.

Financial institution name _____

Account number at financial institution _____

Financial institution routing number _____

Financial institution city and state _____

Return completed form to: CASA of Lane County, 174 Deadmond Ferry Road, Springfield, OR 97477