

I (we) hereby authorize Waseca Area Foundation to process the payment(s) as indicated on this form.

I (we) understand that this authorization will remain in full force and effect until I (we) notify Waseca Area Foundation in writing or by email. Please send letter or email to: Waseca Area Foundation, 501 E Elm Ave, Suite 126, Waseca, MN 56093 or email Amy Potter at pota@waseca.k12.mn.us that I (we) wish to revoke this authorization. I (we) understand that Waseca Area Foundation requires at least 14 days prior notice in order to cancel this authorization.

Date: _____

Name(s) *Please Print*: _____

Signature(s): _____

Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Email _____

Your gift is greatly appreciated!