



YES! I want to support students and learning at Chico Country Day School!

▶ Please charge my one-time payment to my credit card: VISA Mastercard

CARD # _____ EXP. DATE _____

One-time credit card payments only. Monthly payment withdrawals available from checking/savings accounts.

▶ **AUTOMATIC DEBIT** I (we) hereby authorize Chico Country Day School to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) **Checking** **Savings account** (select one) indicated below, hereinafter called DEPOSITORY, to credit and/or debit the same such account.

BANK NAME (DEPOSITORY) _____ BRANCH _____ CITY _____ STATE _____ ZIP _____

BANK TRANSIT # (9 DIGIT NUMBER ON BOTTOM OF YOUR CHECK) _____ ACCOUNT # (attach a voided check) _____

▶ **X** _____ DATE _____
signature authorizing credit card, checking or savings payment(s)

Monthly processing:
Checking & savings debits: 16th of the month
Credit card transactions: 4th of the month
Questions? Call 530-895-2650 X204

This authorization is to remain in effect until Chico Country Day School (CCDS) has received written notice from me of its termination in such time and in such manner as to afford CCDS and DEPOSITORY a reasonable time to act on it.

Please accept my gift of:

TOTAL GIFT \$	PAYING NOW \$	MONTHLY PAYMENT \$
------------------	------------------	-----------------------

NAME		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE		
E-MAIL		
<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Alum <input type="checkbox"/> Friend		

*Please make checks payable to **CCDS Annual Fund**.
All gifts are tax deductible as allowed by law.
Your gift matters! Thank you for your support!*

Annual Fund