



Swiss Village, Inc.

Direct Monthly Donation Authorization

Name of Donor(s): _____

Bank Name: _____

Account Number: _____
Bank Transit/ABA Number Account Number

Account Type: Savings Checking

Amount per Month: \$ _____

Number of Withdrawals: Until revoked in writing Number of months: _____

Fund Designation:

- Samaritan's Endowment Kinder Haus Endowment Muselman Wellness Endowment
 Special Purpose Fund Plant Fund Unrestricted Fund

Authority is hereby given to Swiss Village to make the indicated donation from the above mentioned bank as stated in the form. All donations are monthly charges made on the 8th. This authorization will remain in effect as stated in this document or until revoked by my written request or a legal representative's written request.

If using a checking account please attach a voided check to verify account numbers.

Signature: _____

Date: _____

Signature: _____

Date: _____

Please return to Jennifer Lehman, Swiss Village Director of Development.
1350 W Main Street, Berne, IN 46711
260-589-4529
JenniferL@SwissVillage.org