

Dear Friend of the Foundation,

Thank you for your interest in financially supporting the Tamarack Foundation. Your charitable gifts will make a difference. Now more than ever, your support is vital so artists and craft artisans can benefit from the Foundation's programs aimed at helping art-based small businesses remain viable in this tough economy.

For your convenience, the Tamarack Foundation is please to offer you a Direct Donation Plan. Now you can have your donation automatically drafted from your checking or savings account. Plus, you won't even have to change your present banking relationship to take advantage of this service.

The Direct Donation Plan will help you in several ways:

- Save time with fewer checks to write and save on postage
- Helps you meet your commitment in a convenient and timely manner
- Easy to sign-up for and if you don't prefer this service it is easy to cancel

Attached you will find an Authorization for Direct Donation form. By signing the form you authorize the frequency and amount the donations are to be made from your checking or savings account. Include a voided check from the checking or savings account that the automatic debit will be taken from. Please retain a copy for your records.

There is nothing else for you to do. Your donations will be made automatically on the specified day and proof of donation will appear with your bank statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If you wish to change the amount of your donations, please notify the Tamarack Foundation at least 10 days before donation date.

The Direct Donation Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached form and return it to the Tamarack Foundation. If you have any questions about this new giving opportunity, please call me at 304-926-3770.

Sincerely,

Sally Barton
Executive Director

AUTHORIZATION FOR DIRECT DONATION

I authorize **The Tamarack Foundation** and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify The Tamarack Foundation in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop donation of any entry by notifying my financial institution 3 days before my account is charged.

Name of Financial Institution

Branch

City, State, Zip Code

Signature

Name - PLEASE PRINT

Address - PLEASE PRINT

Financial Institution Routing Number

Account Number

Checking Savings
Please select appropriate account type

Initial Donation Amount

Donation Frequency:

Monthly: 1st 15th 30th
Semi-Annually: 1/01 6/01
Annually: Please indicate month _____