



# Friends of Shadow Debit & Recurring Gift Form

### Help turn "I can't" into "I can!"

- \$200 a month supports a Shadow Project classroom for an entire year!
- \$100 a month buys books for 1,000 students!
- \$ 9 a month helps a struggling student build habits for success for a whole year!

This form authorizes The Shadow Project to withdraw donations directly from the donor's bank account or credit/debit card. All donations are tax deductible. The Shadow Project is a 501(c)3 nonprofit, ID# 65-1166066. Please fill out this form and return in the pre-addressed envelope.

Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

I would like to make a **monthly** contribution of: \$ \_\_\_\_\_ to The Shadow Project  
I would like to make a **single** contribution of: \$ \_\_\_\_\_ to The Shadow Project

Please debit my:  Checking Acct.     Savings Acct.     Credit Card  
My employer will match my gift:     I am interested in automatic payroll deduction:

### Bank debits:

Routing number \_\_\_\_\_ Acct number \_\_\_\_\_  
Monthly debits will be made the 26<sup>th</sup> of the month, unless otherwise indicated.

**Credit Card:**  Visa     MC     Amex     Discover  
Card Number \_\_\_\_\_ Exp. \_\_\_\_\_ 3-digit security code \_\_\_\_\_

I authorize The Shadow Project to initiate automatic withdrawal from my bank account or credit card. This authorization remains in effect until revoked by me in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Friends of Shadow Donation & Pledge Form

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### YES. I want to become a Friend of Shadow!

- \$100 to help fund the Shadow Project for one child for one year  
 \$500 to help fund the Shadow Project for five children for one year  
 \$1,000 to help fund the Shadow Project for ten children for one year  
 other amount

### Payment

- My check is enclosed, made payable to The Shadow Project.  
 My gift is in the form of a pledge. I plan to send a check at a later date.  
 Please debit my bank account or credit card. (See reverse side of form for instructions.)  
 Please contact me about paying my gift with stock.  
 My company will match my gift.

Name \_\_\_\_\_ Date \_\_\_\_\_

Organization \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

*Thank you for your support!*

The Shadow Project is a 501(c)(3) non-profit organization. Tax ID # 65-1166066.  
***Fostering Success for Schoolchildren with Learning Challenges Since 1997***

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**Kids with special needs have the power to succeed!**

[www.shadow-project.org](http://www.shadow-project.org) 1-888-747-0005

6663 S.W. Beaverton Hillsdale Hwy #108 Portland, OR 97225