Thank you for your donation to ADVOCAP

We are grateful for your support in creating opportunities for people and communities to reduce poverty and increase self-sufficiency. Please complete this form and mail it to the address below.

Donation information

Gift amount: $_____

Payment frequency: _____ Monthly (ACH)   _____ One-time (Check or ACH)

If you would like to set up an ACH payment for either monthly or one-time donations to be withdrawn directly from your bank account, please complete the form on the next page.

_____ I would like my gift to remain anonymous.

If you would like your donation to be assigned to a specific ADVOCAP program,

please indicate which program here: _____

Donor information

Title: _____

First name: _____ Last name: _____

City: _____ State/Province: _____

Zip/Postal code: _____

Phone: _____ Email: _____

This gift is given in honor or memory of someone special.

In Honor of: _____

In Memory of: _____

Please send a letter to the following person, informing them of my (our) gift:

Title: _____

Full name: _____

Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Please tell us how you heard about us:

_____

Please mail the completed form to:

ADVOCAP
Attn: Tanya Marcoe, Executive Director
19 W. 1st Street
P.O. Box 1108
Fond du Lac, WI 54936-1108

Automatic Withdrawal Form

Please complete this form to set up automatic withdrawal from your bank account to ADVOCAP's account for your donation. ***Please return this form along with a voided check to ADVOCAP to set up payment.***

ADVOCAP, Inc.
19 West 1st Street
P.O. Box 1108
Fond du Lac, WI 54936

Bank Information
National Exchange Bank & Trust
130 S. Main Street
Fond du Lac, WI 54935
Routing Number: 075900766
Account Number: 8621-2153

For Your Bank Use Only

Today's Date:_____

Customer Name:_____

Business Name:_____

Customer Address: _____

City, State, Zip Code:_____

☐ **Checking Account**　　☐ **Saving Account**

Bank Name:_____

Bank Address:_____

City_____ Zip Code_____

Bank Routing Number:_____

Account Number:_____

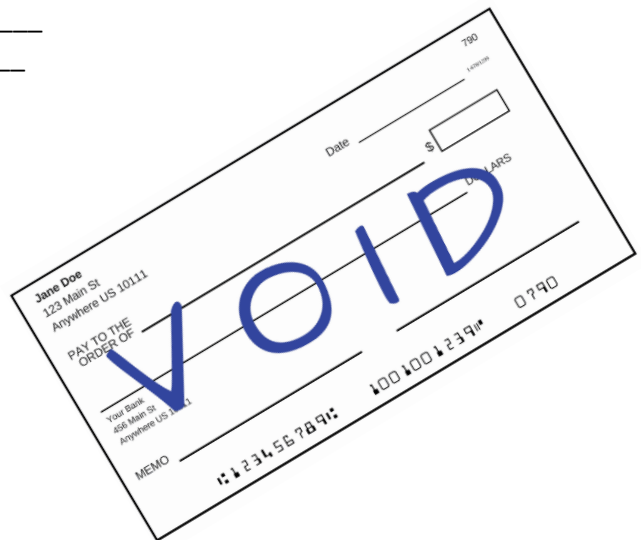**Please choose from the options below:**

Effective:

☐　Immediately

☐　Beginning Date _____/_____/_____

To be deducted:

☐　Weekly, Amount $_____

☐　Monthly, Amount $_____

Number of Withdrawals:

☐　Specific Number _____

☐　Until I notify ADVOCAP
　　to end payments

_____
Customer Signature

_____
Date

_____
Daytime Phone Number