



Lone Cone Legacy Trust

Become a Lone Cone Legacy Trust SUSTAINER!

Donation Amount **(Please mark your choice):**

- \$100
 \$50
 \$25
 \$10
 Other Amount: _____

Donations will be withdrawn from your account on the 15th of every month.

I (we) hereby authorize the Telluride Foundation to initiate debit entries to my (our) Checking Account / Savings Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name: _____

Your Bank and Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

Please mark if this is a _____ Checking Account or a _____ Savings Account.

This authorization is the remain in full force and effect until the Telluride Foundation has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Telluride Foundation and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____

(Please Print)

Signature: _____ Date: _____

Thank you for your commitment to our community's future!