



5193 NE Elam Young Parkway, Suite A
Hillsboro, OR 97124
(503) 726-2159 phone
(503) 681-0535 fax

Automatic Donation Form

I would like to give \$ _____

Monthly 1st 15th
Quarterly 1st 15th
Annually 1st 15th Month _____
Other _____

Registration Information

Name: _____ Co-Owner: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Please make my donation anonymous (above information required for processing)

Account Information (Please attach a voided check)

Bank: _____
 Checking Savings
Account Number: _____
Routing/ABA Number: _____

By signing below you are authorizing the Hillsboro Schools Foundation (HSF) to initiate debit entries on the account listed above. This authority will remain in effect until HSF is notified to cancel the transaction.

Signature: _____ Date: _____
Signature: _____ Date: _____