



Portland Schools Foundation

## Automatic Checking Account Deduction Form

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please designate to:

Portland Schools Foundation \$ \_\_\_\_\_

School \_\_\_\_\_ \$ \_\_\_\_\_  
specify

Other \_\_\_\_\_ \$ \_\_\_\_\_  
specify

TOTAL \$ \_\_\_\_\_

Start Month/Year: \_\_\_\_\_

End Month/Year (if any): \_\_\_\_\_

ACH is run between the 20<sup>th</sup> and 28<sup>th</sup> of each month.

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a VOIDED check. A deposit slip will not be sufficient.**

**Please mail to: Portland Schools Foundation  
905 NW 12<sup>th</sup> Avenue  
Portland, OR 97209**