Bluestem PACE Kidron Bethel Village Schowalter Villa



Automated Contribution

A set amount for donation to Bluestem Communities is automatically withdrawn from your bank account each month, per your request below. Bluestem Communities initiates the automatic withdrawal from your bank or credit card on the date you have requested.

If you would like to take advantage of this contribution option, please complete the form and attach a cancelled check and bring or send to the appropriate address listed below.

If you have any questions, please feel free to contact the Fund Advancement Office at: 316-836-4879 or 620-327-3413.

I want my contribution to go toward:	Bluestem PACE Good Neighbor Caring Fund Kidnen Bethel Villege Health Care Benevielent Fund
	 Kidron Bethel Village Health Care Benevolent Fund Schowalter Villa Good Samaritan Caring Fund
	Where it is most needed
Signature	
Printed name	
Address	Date
I hereby authorize Bluestem Communities to initiate an a This authorization will remain in full force and effect	
Bank	
Account #	Routing #
Each month on the10th20th (if the date falls on a weekend or holiday, your accou	unt will be debited on next business day.)
<i>I prefer to donate by credit card</i> I hereby authorize Bluestem Communities to initiate debi <i>This authorization will remain in full force and effect</i>	t entries to my credit card indicated below in the amount of \$ <i>until cancelled in writing.</i>
Acct:	
Security Code * Expiration da	
□ Quarterly on the following dates:/, _/, _/, MM/DD MM/DD MM	,/ //DDMM/DD
□ Semi-annually on the following dates:/,/_ MM/DD MM/DD (if the date falls on a weekend or holiday, your account w	
Please include a cancelled check with Kidron Bethel Village or Blues	h this form and submit to the Fund Advancement office: stem PACE: 3001 Ivy Dr., North Newton KS 67117 5 S. Main, Suite 206, Hesston KS 67062