

The Pryor Academic Excellence Foundation
a 501(c)3 Tax Exempt Organization
PAEF Partnership Membership Form
PO Box 901, Pryor, OK 74362

The following person or company hereby makes application for a PAEF Partnership:

Name: _____

Address: _____

Phone: _____

Email: _____

Suggested giving levels (minimum is \$60 per person): ___ \$100 ___ \$250 ___ \$500

___ \$750 ___ \$1000 ___ \$2500 ___ \$5000 ___ Other _____

This membership is for a term of one year. Member chooses to donate as follows:

___ **Monthly bank draft** (see bank draft authorization form - \$5.00 minimum draft)

___ **Yearly** donation paid at time of application by:

___ *Check #* _____ enclosed in the amount of \$ _____

___ *Credit Card* number _____

Type of card (circle): Visa, MasterCard, Discover

Total to be charged to card: \$ _____ **FOR ONCE per YEAR Donations!**

Expiration date: _____ CVV Code: _____

Last three to four digits which appear on back of card

Cardholder Name: _____

As a member of the PAEF Partnership Program I support Pryor Academic Excellence Foundation and its goal of providing the highest quality of educational tools and programs for the Pryor Public School System, faculty and students.

The PAEF Board reserves the right to deny or cancel this membership at its discretion at any time it deems necessary.

Applicant signature: _____

Required for all transactions and PAEF Partnership Membership

Date

Thank you!

ACH DEBIT AUTHORIZATION
For Automatic Monthly Payments

Date: _____

I / We _____, authorize
(Print individual or company name)

“Pryor Academic Excellence Foundation” to initiate ACH debits in the amount of
\$ _____

From my bank account (as shown by the attached voided check) on the 5th or 22nd
(Please check one)

day of each month for _____ consecutive months, to be credited to my account with
“Pryor Academic Excellence Foundation”.

This authorization shall remain in force and effect until the term stated above expires or
“Pryor Academic Excellence Foundation” receives my/our written notification of a
change in my bank account number or I pay the balance in full.

I understand it takes approximately 10 business days from the time **“Pryor Academic
Excellence Foundation”** receives this form for this process to be activated.

Customer Signature *Date* _____
Customer Signature *Date*

Attach Voided Check Here