



Do you have a passion for the arts?

Would you like to impact a child's life?

By accepting the Eastern Iowa Arts Academy's \$13 arts challenge you can provide access to art and music opportunities for a child in need.

After one year, each \$13 monthly contribution will pay for a full membership to the music and arts studios, pay for Excel class fees, support a student in the rock band program or help with professional private lesson fees.

If you accept the challenge, you will help our students access an arts education that will help them develop a positive outlook when faced with challenges in their lives.



The Eastern Iowa Arts Academy

1841 E Ave NE Cedar Rapids, IA 52402

319-350-1805

www.easterniowaartsacademy.org

Eastern Iowa Arts Academy Authorization for Direct Debit

\$13 x 12 months = 1 Membership

\$39 x 12 months = 3 Memberships

\$65 x 12 months = 5 Memberships

(You get the idea...)

I would like to support the arts and make a \$13 donation every month.

I would like to support the arts and make a \$39 donation every month.

I would like to support the arts and make a \$65 donation every month.

I would like to support the arts and make a \$__ donation every month.

(Note: these donations will continue after 12 months unless otherwise cancelled by you and your financial institution.)

I would like to make a lump sum donation in the amount of \$_____

I (we) hereby authorize Eastern Iowa Arts Academy (hereinafter called Company) to initiate debit entries to my (our) account indicated below on or about the ____ of each month, and the depository financial institution named below (hereinafter called Depository) to debit the same to such account. I (we) acknowledge that the origination of AHC transactions(s) to my (our) account must comply with provisions of U.S. law.

Depository Name: _____ Branch: _____

City: _____ State: _____ ZIP: _____

Routing Number: _____ Account Number: _____

Type of Account: Checking Account Savings Account

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

Name(s): _____

Street Address: _____ City/State: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Signature (if joint account): _____ Date: _____

I am interested in the Arts Academy and would like to receive updates on current events.