

Contribution Form

Free to Be, Inc. is a non-profit 501 c 3 Corporation, and all donations are tax deductible.



1. **Yes, I want to help Anoka County residents with their transportation needs. I want to be a monthly contributor and authorize automatic monthly direct payments. I authorize electronic regularly scheduled payments to be removed from my checking/savings account in the amount of**

\$15, \$25, \$50 or \$_____.

This will be automatically deducted from my checking/savings on the 5th of each month and will remain in effect until I notify Free2B! in writing to cancel.

(Signature)

2. Enclosed is a one time contribution to Free to Be, Inc. in the amount of \$ _____

Please provide the following information:

Your Name: _____

Your Address: _____

Your Phone Number: _____

Bank Name: _____

Bank Address: _____

Bank Account Number: _____ Checking _____ Saving _____

Bank Routing Number : _____ (9 numbers bottom left of ck)

If paying by credit card: Visa, or MasterCard

Credit Card Number: _____ Exp. Date: _____

Thank you

The mission of Free2B! is "Providing Car Care to Enable Independence." The Car Care Program includes repair, replacement, or provides initial transportation for individuals in need.

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