

**FORWARD Foundation Board**

**Elaine Baumann, Secretary**  
*Retired RFSD Principal*

Jamie Benson, *ex officio*  
*RFSD Superintendent*

Gary Campbell, *ex officio*  
*RFSD School Counselor*

Brian Copp  
*Community Leader*

Lorraine Davis  
*Retired RFSD Educator*

**Melissa Godden, Treasurer**  
*First National Bank*

Chloe Hansen  
*UWRF student, RFHS Graduate*

Cindy Haskins  
*Community Leader*

Carrie Kirkpatrick  
*Dowell Stute & Associates, RFHS Graduate*

Paul Kliszcz  
*Viking Coca-Cola Bottling Company, Inc.*

DeAn Krey  
*Retired Professor of Teacher Education, UWRF*

Annissa Lesmeister, *ex officio*  
*RFHS Senior*

Kayla Myhre, *ex officio*  
*RFHS Senior*

Max Neuhaus  
*Rodli, Beskar, Krueger & Pletcher, S.C., RFHS Graduate*

Mike Noreen  
*River Falls Municipal Utilities*

**Diane Odeen, Vice Chair**  
*Lommen, Abdo, Cole, King & Stageberg, P.A., RF City Council*

Steve Schroeder  
*Incentive Compensation Alternatives, LLC*

Emily Testa-Lyons  
*Business Owner, Dish & Spoon Café*

Maggie Watson  
*RFSD Montessori Teacher*

Jaci Zimmerman  
*Community Leader*

**Jen Zoller, President**  
*Project Manager, 3M*

**FORWARD Foundation**  
P.O Box 183  
River Falls, WI 54022

[www.forwardrf.org/](http://www.forwardrf.org/)



**AUTHORIZATION AGREEMENT FOR AUTOMATIC MONTHLY DONATION**

The undersigned (Donor) authorizes FORWARD: The River Falls Public Schools Education Foundation (Organization) to automatically collect donations from the account specified below, subject to the following terms:

Monthly Donation Amount:\$\_\_\_\_\_ Start Date:\_\_\_\_\_

Financial Institution:\_\_\_\_\_

Routing Number:\_\_\_\_\_ Account Number:\_\_\_\_\_

Please Specify:      Checking:\_\_\_\_\_ Savings:\_\_\_\_\_

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

Address:\_\_\_\_\_

Phone Number:\_\_\_\_\_

\*\*\*Withdrawals will be made on the 5<sup>th</sup> of each month or next business day if the 5<sup>th</sup> falls on a weekend or holiday\*\*\*

The undersigned Donor will maintain sufficient funds in the referenced deposit account to pay the full amount of each donation on the date of withdrawal. This authorization is to remain in full effect until the Organization has received written notification from Donor of its termination in such time and such manner as to afford Organization a reasonable opportunity to act on it. Upon receipt of this form, Organization agrees to store sensitive account information securely and confidentially.

Signed:\_\_\_\_\_ Date:\_\_\_\_\_

Signed:\_\_\_\_\_ Date:\_\_\_\_\_

Received by:\_\_\_\_\_ Date:\_\_\_\_\_

Contact Melissa Godden (FORWARD Treasurer) with any questions at (715)425-2401 or [mgodden@fnbrf.com](mailto:mgodden@fnbrf.com)