



ST. JAMES
COFFEE
an extraordinary coffee bar

GIVE A LATTE

ST. JAMES COFFEE – SUSTAINABLE GIVING CAMPAIGN

Your commitment to the Give a Latte campaign allows St. James to continue being a place where people find community, develop friendships, and engage the world. Become a Single, Double, or Triple Shot supporter today!

Single Shot

\$5/week (charged monthly)

Single Shot Benefits Include:

- VIP Special Offers
- VIP Appreciation Event
- Coffee Mug
- 5% VIP Discount Card
- \$5 Brew Ha Ha Credit
- 1 Brew Ha Ha Drawing Entry

Double Shot

\$10/week (charged monthly)

Double Shot Benefits Include:

- VIP Special Offers
- VIP Appreciation Event
- Coffee Mug
- 7.5% VIP Discount Card
- \$10 Brew Ha Ha Credit
- 5 Brew Ha Ha Drawing Entries
- Free Bag of Coffee Beans
- T-Shirt

Triple Shot

\$15/week (charged monthly)

Triple Shot Benefits Include:

- VIP Special Offers
- VIP Appreciation Event
- Coffee Mug
- 10% VIP Discount Card
- \$15 Brew Ha Ha Credit
- 10 Brew Ha Ha Drawing Entries
- Free Bag of Coffee Beans
- T-Shirt
- Swag Package
- Concert Series VIP Benefits

Name: _____

Email Address: _____

Phone Number: _____

Circle one: [Single Shot](#) [Double Shot](#) [Triple Shot](#)

I want to give more!

\$ _____ /month

Enter custom amount

Fill out the front and back of this form to start Giving a Latte right now.
We will send an email confirming your commitment.



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ST. JAMES COFFEE
4156 18th Avenue Northwest
Rochester, Minnesota 55901
(507) 281-3559

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ACH RECURRING PAYMENT AUTHORIZATION FORM

Schedule your payment to be automatically deducted from your checking or savings account.

How Recurring Payments Work:

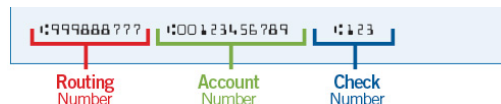
You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Complete the information below:

I, (full name) _____, authorize St. James Coffee to charge my bank account indicated below on the _____ of each month for payment of my donation.

Billing Address: Street _____
City _____ State _____ Zip Code _____

Account Info: Account Type Checking Savings (circle one)
Name on Account _____
Name of Bank _____
Account # _____
Routing # _____



Bank City/State _____

Signature _____ Date _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify St. James Coffee in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that St. James Coffee may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

SQUARE – MONTHLY CREDIT CARD PROCESSING

Schedule your payment with the credit card of your choice.

Card Type (check one) Visa MasterCard American Express Discover Other

Name on Card _____ Card Number _____

Expiration Date (MM/YY) ____/____ CVV _____ (3 or 4 digit code on back of card) Billing Zip Code _____

The default payment date is set for the 10th, if you want to change it let us know here _____ (day of the month).

I authorize St. James Coffee to charge my credit card above for agreed upon purchases.
I understand my information will be saved to file for future transactions on my account.

Signature _____ Date _____

OPTION 1: SAVING OR CHECKING ACCOUNT

OPTION 2: CREDIT CARD