



DONATION FORM

Donor Name: _____ Account Number (if known): _____

Address: _____

Phone: _____ Email: _____

This gift is for the benefit of (fund name/fund designation area/unrestricted):

Account & Frequency of Gift

Installment Amount: \$ _____ Desired Number of Installments: _____

Frequency of Installment(s): One Time Monthly Quarterly Annually

Total Gift Amount: \$ _____

Is this gift anonymous? Yes No

Payment Method

CREDIT CARD/DEBIT CARD AUTHORIZATION

Credit Card Type: VISA MasterCard Discover American Express

Credit Card Number: _____ Expiration Date: _____

EFT – ELECTRONIC FUNDS TRANSFER AUTHORIZATION

For EFT, you must include a voided check

Bank Name: _____ Account Number: _____

OTHER:

Signature

Signature (required): _____ Date: _____