

# School Annual Fund

## Monthly Gift Authorization Form

Please print, complete, and return this form to the School Development Office.

### 1. Donor Information

Full Name:

Class Year (if Alumnus/a):

Street Address:

City, State, Zip:

Phone Number:

Email Address:

### 2. Gift Details

Monthly Gift Amount (\$):

Start Date (MM/DD/YYYY):

Gift Designation (e.g., Greatest Need, Athletics, Academics):

### 3. Payment Method

Please fill out either Option A (Credit Card) or Option B (Direct Debit) below.

#### Option A: Credit Card

Card Type (Visa, Mastercard, Amex, Discover):

Name on Card:

Card Number:

Expiration Date (MM/YY):

Security Code (CVV):

#### Option B: Direct Debit (ACH)

Bank Name:

Routing Number:

Account Number:

### 4. Authorization

I authorize the School to charge my credit card or debit my bank account monthly in the amount specified above.

Signature (Please print and sign):

Date: