



Spelman College

**Reunion**  
**2009**  
May 14 - May 16

## **Electronic Funds Transfer (EFT) or Recurring Credit Card Gifts Form**

Now you can enjoy the convenience of making gifts to Spelman College without writing a check! With **Electronic Funds Transfer (EFT)** your gifts to Spelman will be automatically deducted from your checking or savings account. With **Recurring Credit Card**, gifts will be charged to the card you select. Both options will enroll you into monthly deductions of the amount you designate. The minimum monthly amount to enroll is **\$10.00** and deductions/charges occur on the 23<sup>rd</sup> of each month.

You may change your EFT or Recurring Credit Card Option at any time by contacting the Office of Annual Giving:

Office of Annual Giving

350 Spelman Lane, SW

Box 1551

Atlanta, GA 30314-4399

(404) 270-6410

[annualfund@spelman.edu](mailto:annualfund@spelman.edu)

[www.spelman.edu/annualgiving](http://www.spelman.edu/annualgiving)

With all gift transactions, Spelman College keeps personal information private and strictly confidential. To enroll, mail the completed form on reverse to the address above.

\*Please note Continuous Deductions will occur each month. To cancel Continuous Deductions please notify the Office of Annual Giving in writing.

Please complete the form on reverse to enroll.

# Electronic Funds Transfer (EFT) or Recurring Credit Card Gifts Form

**Reunion**  
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Class Year: \_\_\_\_\_

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

**Monthly Deduction Amount:** (\$10 minimum) \$ \_\_\_\_\_

## Select One Deduction Option:

Electronic Funds Transfer (EFT):

Name of Financial Institution: \_\_\_\_\_

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

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

Recurring Credit Card:     American Express     MasterCard     VISA

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

## Select One Gift Timeframe Option:

Continuous Deduction (*Please notify the Office of Annual Giving in writing to cancel*).

Set Timeframe:

Start Month: \_\_\_\_\_ End Month: \_\_\_\_\_

End of the Fiscal Year (June 30).

End when pledge of \$ \_\_\_\_\_ is reached.

**Signature required to enroll.**

**Signature:** \_\_\_\_\_