Saint Martin's UNIVERSITY

Monthly Credit Card Donation Agreement

Donor Information

Name (Last, First, MI):_____

Spouse name (Last, First, MI): _____

Billing address: _____

City:_____ State:_____ ZIP:_____ Phone:_____

Email: _____

Donation Information

Please indicate where the donated funds should be applied.

☐ This is in addition to my existing Monthly Credit Card Donatoin.

☐ This replaces and/or updates my existing Monthly Credit Card

☐ This is my only Monthly Credit Card Donation Agreement

Gift Purpose:_____

_____

I authorize Saint Martin's University to automatically deduct a payment on the 6th of each month, or closest business day following that date, from the credit card specified below in the amount of:

$: _____

Begining on _____ and ending on _____

OR

☐ Until Further Notice.

Credit Card Information

All forms will be shredded after Monthly Credit Card Donation Agreement is complete.

Card Type: ☐ VISA ☐ MaterCard ☐ Discover ☐ Amex

Name on Card: _____

Card Number: _____

Expiration: _____ CVC Code: _____

_____

Signature Date

I understand that this agreement is **SUSTANING** and will remain in effect until written notice from me has been recived by Saint Martin's University. This notice shall be given at least ten (10) business days before the next scheduled payment.

Please complete this form and return with supporting materials to:

Saint Martin's University
Office of Institutional Advancement
5000 Abbey Way SE
Lacey, Washington 98503