

The Center On Philanthropy at Indiana University Electronic Funds Transfer Form

By supporting the Center on Philanthropy through Electronic Funds Transfer, you reduce gift-processing costs, allowing your gift to achieve an even greater philanthropic impact. When you enroll, your gift will automatically transfer from your checking account or be billed to your credit card. All gifts are processed around the 15th of each month and will appear on your checking account or credit card statement. You may change or cancel your gifts at any time by notifying us of the change in writing. Thank you for your continued support of the Center on Philanthropy.

Donor Information

Last Name _____	First: _____	Middle: _____
Spouse Last Name: _____	First: _____	Middle: _____
Home Address: _____		
City: _____	State: _____	ZIP: _____
Home Phone: _____ E-mail Address: _____		
Is this gift also from your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you attend IU? _____ If yes, what year did you graduate? _____		

Gift Information

Monthly Gift Amount (Minimum monthly gift is \$10): _____	<input type="checkbox"/> Center on Philanthropy Research (32PL01065)	<input type="checkbox"/> Women's Philanthropy Institute (I38PL01153)
I would like my gift to benefit :	<input type="checkbox"/> Student Fellowships (I38PL01062)	<input type="checkbox"/> Other
<input type="checkbox"/> Center on Philanthropy General (I38PL01047)	<input type="checkbox"/> The Fund Raising School's Dottie Rosso Scholarship (I38PL01021)	<input type="checkbox"/> Please Specify _____

Payment Options

<input type="checkbox"/> Monthly Transfer from Checking Account. Please attach a voided check. NOTE: We are required to collect a voided check; a deposit slip will not meet this requirement.
Monthly Credit/Debit Card Charge: <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA
Account Number: _____ Exp. Date: _____ / _____

Statement of Authorization

I authorize the Indiana University Foundation to initiate the recurring credit card charge or EFT withdrawal as indicated above. I understand that a record of each donation will be included on my monthly credit card or bank statement and that the Indiana University Foundation will send a receipt showing the total of all recurring gifts for the calendar year following the end of each calendar year. I may change or cancel this recurring payment by notifying the IU Foundation in writing. All notifications must be received by the first of the month in order to alter the month's transaction.

If I have elected to pay by credit card, I agree to abide by all terms and conditions of my credit card agreement.

If I have elected to pay via EFT, I authorize my financial institution to transfer the amount indicated on the attached voided check to the Indiana University Foundation. Adjusting entries to correct errors are also authorized. It is agreed that these debits and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA). This authorization is to remain in full force and effect until written notification is given to the Indiana University Foundation of its termination.

Signature: _____ Date: _____

Please sign the form. If paying via checking account, remember to attach a voided check.
 Mail completed forms to: Center on Philanthropy, Attn: Development Department, 550 West North Street, Suite 301,
 Indianapolis, IN 46202
 For questions, please contact the Development Office at (317) 278-8918 or copdev@iupui.edu.
 Log onto our website at: <http://www.philanthropy.iupui.edu/>.