

Monthly Giving Form

Yes, I would like to give a monthly gift to Garrett-Evangelical in the amount of \$_____.

Name_____

Address_____

City, State, Zip_____

Phone_____

I would like to make my monthly gift in the following manner:

(Please check and fill out appropriate information)

(1) _____ **By check**

(2) _____ **By credit card**

Name (as shown on card)_____

_____ American Express _____ Discover _____ Visa _____ Mastercard

Credit card No. _____ - _____ - _____ - _____ Expires on _____

Day of the month withdrawal should be made* _____

Date of first withdrawal _____

Signature: _____ Date _____

(3) _____ **By monthly electronic withdrawal from bank account**

Name of bank _____

Full address of bank _____

Phone number of bank _____

Routing number (aka "ABA Number") _____

Account number _____

Name(s) of account owners _____

Day of the month withdrawal should be made* _____

Date of first withdrawal _____

Signature: _____ Date _____

Signature (if joint account) _____ Date _____

*(If day falls on a weekend, withdrawal will be scheduled for first business day thereafter)

Please include a copy of a voided check or deposit slip for the account you wish to use.

My gift is (check one):

_____ unrestricted

_____ restricted as follows _____

Upon receipt of this form, you will receive confirmation of your plans. If you would like to receive a monthly acknowledgement, please check here. _____

If you have questions about this form or need further information, please contact Betty Campbell at 847.866.3971 or Elizabeth.Campbell@garrett.edu.

Thank you for being our partner in training spiritual leaders!!