

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:

(1)_____ **By credit card (or you can set up your own monthly gift at www.garrett.edu/giving)**

Name (as shown on card)_____

_____ American Express _____ Discover _____ Visa _____ Mastercard

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

Date of first withdrawal _____

Signature: _____ Date _____

(2)_____ **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 _____

Date of first withdrawal _____

Signature: _____ Date _____

Signature (if joint account) _____ Date _____

*(Monthly withdrawals are made around the 3rd of each month.)

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

My gift is (check one):

_____ unrestricted annual fund

_____ unrestricted campaign

_____ restricted as follows _____

Upon receipt of this form, you will receive confirmation of your plans. In January, gift acknowledgements with yearly giving will be mailed for tax purposes.

If you have questions about this form or need further information, please contact Stephanie Bliese at 847.866.3927 or stephanie.bliese@garrett.edu.

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