



# Garrett-Evangelical Theological Seminary

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

Name\_\_\_\_\_

Address\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Phone\_\_\_\_\_

Email\_\_\_\_\_

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

**(1) \_\_\_\_\_ By credit card (or you can set up your own monthly, quarterly, or annually recurring gift at [www.garrett.edu/giving](http://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 (Monthly only)**

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: \_\_\_\_\_

**\*Please include a copy of a voided check for the account you wish to use.** Monthly withdrawals are made on or before the 10th of each month.

**My gift is (check one):**

\_\_\_\_\_unrestricted annual fund

\_\_\_\_\_unrestricted endowment fund

\_\_\_\_\_restricted as follows \_\_\_\_\_

Upon receipt of this form, you will receive confirmation of your monthly gift. Gift acknowledgements with yearly giving summary will be mailed for tax purposes in January following each active giving year.

**If you have questions about this form or need further information, please contact Emily Lutz at 847.866.3927 or [emily.lutz@garrett.edu](mailto:emily.lutz@garrett.edu).**

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