



## Monthly Giving Authorization Form

Select the payment option you prefer – **direct debit** from your bank account/savings account or monthly charges to your **credit card** and indicate the amount of your monthly pledge to the Douglass Annual Fund. Please sign the form authorizing us to debit your account. Then return the form to the AADC at the address below. If you have selected the direct debit option, please include a voided check or voided deposit slip. Your gift will be debited from your account, reliably and safely, on the 15th of each month. Your bank statement or credit card bill will show your monthly gift. You will also receive an annual acknowledgement from the AADC. The AADC's fiscal year runs July 1<sup>st</sup> to June 30<sup>th</sup>. Total yearly contribution will depend on month of first debit.

*If any of your account information changes, please notify the AADC as soon as possible.*

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### ENROLLMENT FORM

\*First Name: \_\_\_\_\_ \*Middle Name \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

Phone number \_\_\_\_\_ (indicate home, work or cell number)

E-mail \_\_\_\_\_

*\* required information*

**Please choose one option:**

**I. \_\_\_\_\_ Direct Debit.      Indicate if debit from checking account \_\_\_\_\_ or savings account \_\_\_\_\_**

Monthly pledge amount: \$ \_\_\_\_\_ (minimum \$10.00) (**don't forget to attach a voided check/deposit slip**)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OR**

**II. \_\_\_\_\_ Credit Card    VISA    MasterCard    AMEX    Monthly pledge amount: \$ \_\_\_\_\_ (min.\$10.00)**

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Terms and Conditions:** I authorize the AADC to debit my bank account/savings account or charge my credit card account monthly in the amount of the pledge I indicated. This agreement will remain in effect until I give the AADC notice in writing that I wish to end this agreement. A record of each charge will be included in my regular bank or credit card statement and will serve as my receipt.

**Return form to: Associate Alumnae of Douglass College 181 Ryders Lane New Brunswick, NJ 08901  
Questions? Call our office at: 732-932-2880 ext 21**