Recurring Gift Form  (Automatic Bank Withdrawal Form)

DONOR INFORMATION

☐ ALUMNUS/A  ☐ PARENT  ☐ FRIEND

NAME

STREET ADDRESS  CITY  STATE

ZIP  HOME TELEPHONE  ☐ This is a mobile phone  BUSINESS TELEPHONE

EMAIL ADDRESS

GIFT DESIGNATION

COLLEGES/SCHOOLS

☐ Arts and Sciences

☐ Business Administration

☐ Communication

☐ Continuing and Professional Studies

☐ Education

☐ Gannon Center for Women and Leadership (Mundelein College)

☐ Graduate school

☐ Graduate School of Business

☐ Institute of Pastoral Studies

☐ Law

☐ Marcella Niehoff School of Nursing

☐ Social Work

☐ Stritch School of Medicine

SPECIALITY PROGRAMS

☐ Evoke (Encouraging Vocation through Knowledge & Experience)

☐ The John Felice Rome Center

☐ LUMA (Loyola University Museum of Art)

☐ Ministry

☐ Magis Scholarship Program

☐ Parents’ Fund

☐ Rambler Athletics Fund

☐ Reimagine

☐ Student Scholarships

☐ University Libraries

☐ Unrestricted

☐ Other________________________

Multiple checked boxes will divide gift evenly among all selected funds, unless otherwise specified.

Please mail your completed form along with a voided check or credit card information to:

LOYOLA ANNUAL GIVING
820 N. MICHIGAN AVE. #1613
CHICAGO, ILLINOIS 60611

Please contact Abigail Leng, Annual Giving Officer, at akoepfle@luc.edu or 312.915.7284 with any questions.
PAYMENT BY CREDIT CARD

PLEASE CHARGE MY CREDIT CARD: □ VISA  □ MASTERCARD  □ DISCOVER

Card Number ___________________________ Exp. Date ____________ Name as it appears on card (please print) ___________________________

Signature ___________________________

PAYMENT BY BANK ACCOUNT WITHDRAWAL

(Please attach a voided check & specify account info.)

FINANCIAL INSTITUTION NAME ___________________________

FINANCIAL INSTITUTION ADDRESS ___________________________

CHECKING □ SAVINGS □

DONOR’S ACCOUNT NUMBER ___________________________

PLEASE SELECT INSTALLMENT TYPE

1. □ Monthly (Withdrawal / Charge on 15th of every month) $ __________
   Starting: Mo./Yr. ____________ Ending: Mo./Yr. ____________
   Or □ Continuous (I will notify LUC when to end deductions)

2. □ Quarterly (Withdrawal / Charge on 20th every 3 months from starting month) $ __________
   Starting: Mo./Yr. ____________ Ending: Mo./Yr. ____________
   Or □ Continuous (I will notify LUC when to end deductions) 12A0R

STATEMENT OF AUTHORIZATION

I (We) authorize Loyola University Chicago “LUC” to initiate debt entries to my (our) account indicated above. I (We) further authorize LUC and the financial institution named above to debit or credit any corrections to my (our) account.

This authority is to remain in full force and effect until LUC and the financial institution receive written notification from me (us) of the revocation of such authority in such time and in such manner as to afford LUC and the financial institution a reasonable opportunity to act on it.

I (We) have the right to stop payment of a debt entry by notification to LUC and the financial institution in such time and in such manner as to afford LUC and the financial institution a reasonable opportunity to act on it prior to charging the account.

SIGNATURE(S) ___________________________ DATE ____________