



# 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](mailto: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

\_\_\_\_\_  
DONOR'S ACCOUNT NUMBER

CHECKING

SAVINGS

## PLEASE SELECT INSTALLMENT TYPE

1.  **Monthly (Withdrawal / Charge on 15<sup>th</sup> of every month) \$ \_\_\_\_\_**

Starting: Mo./Yr. \_\_\_\_\_

Ending: Mo./Yr. \_\_\_\_\_

Or  Continuous (I will notify LUC when to end deductions)

2.  **Quarterly (Withdrawal / Charge on 20<sup>th</sup> 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