



Recurring Gift Form (Automatic Bank Withdrawal Form)

DONOR INFORMATION

ALUMNUS/A PARENT FRIEND

NAME

STREET ADDRESS

CITY

STATE

ZIP () HOME TELEPHONE () BUSINESS TELEPHONE *This is a mobile phone*

EMAIL ADDRESS

GIFT DESIGNATION

COLLEGES/SCHOOLS

- Arrupe College
- Arts and Sciences
- Communication
- Continuing and Professional Studies
- Education
- Graduate School
- Institute of Environmental Sustainability
- Institute of Pastoral Studies
- Law
- Marcella Niehoff School of Nursing
- Quinlan School of Business
- Social Work
- Stritch School of Medicine

SPECIALTY PROGRAMS

- Campus Ministry
- Gannon Center for Women and Leadership
- John Felice Rome Center
- LUMA (Loyola University Museum of Art)
- Parent Fund
- Rambler Varsity Fund
- University Libraries
- Unrestricted
- Other _____

Multiple checked boxes will divide gift evenly among all selected fund, 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
CHICAGO, ILLINOIS 60611**

*Contact the Annual Giving team at annualgiving@LUC.edu
or 800.424.1513 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 the 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 the 15th every 3 months from starting month) \$ _____**

Starting: Mo./Yr. _____

Ending: Mo./Yr. _____

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

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 _____