



AUTOMATIC CREDIT/DEBIT CARD DRAFT AUTHORIZATION AGREEMENT

OUR FISCAL YEAR IS JULY 1 – JUNE 30.

Call 864-656-5896 if you have questions.

Gift Designation

Please restrict this gift to support the priorities of:

- | | |
|---|---|
| <input type="checkbox"/> Where the need is the greatest | <input type="checkbox"/> Faculty Support |
| <input type="checkbox"/> Scholarships | <input type="checkbox"/> College/Department |
| <input type="checkbox"/> Fellowships | <input type="checkbox"/> Libraries |
| <input type="checkbox"/> Other _____ | |

Personal Information

For proper processing and recording of your gifts, please include the following information:

Name (please print) _____ CU Class _____
 Spouse _____ CU Class _____
 ID # _____
 Address _____
 City _____ State _____ ZIP _____
 Email address _____ Preferred phone _____
 Company _____ Position (job) _____
 Company Address _____ City _____ State _____ ZIP _____

- I would like to catch up ___ years of giving at \$10 per year. (Email givingtocu-l@lists.clemson.edu or call 864-656-5896 to check your consecutive gift record)
 I have enclosed my company's matching gifts form.
 Contact me about making a leadership gift to Clemson.
 I have made provisions or I would like to make provisions for my Clemson estate plan.

Automatic Credit/Debit Card Draft Authorization Agreement

- Alumnus Parent Faculty/Staff Friend

IMMEDIATE GIFT:

Please charge the credit card indicated below now in the amount of \$ _____ for the initial gift in the automatic credit/debit card draft process.

SUBSEQUENT GIFTS:

I/We _____ hereby authorize Clemson University Foundation to charge my/our credit/debit card indicated below in the amount of \$ _____ monthly, quarterly (March, June, September, December), semiannually (June, December) or annually (June). This authorization is to remain in full force and effect until the Clemson has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Clemson University Foundation a reasonable opportunity to act on it.

Name(s) _____ CU Class _____
 Name(s) _____ CU Class _____
 Signature(s) _____ Date _____

NOTES • To change the amount of the gift or to stop payment of credit/debit card charges, the donor must contact Clemson in writing. • All persons named on the credit/debit card must sign the authorization form. • Accounts will be billed the 15th of each month. • Return completed form to Clemson Forever Annual Giving Office by the 15th of the month in order to be billed the 15th of the following month. Please mail to: PO Box 1889, Clemson, SC 29633-1889. • Maker authorizes the bank issuing the VISA, MasterCard, Discover, or American Express card identified on this item to pay the amount shown and promises to pay the amount stated herein to such bank subject to and in accordance with the agreement governing the use of such card. • To help support Clemson's efforts to increase private gifts, 5% of each gift made to most non-endowment funds will be reinvested.

CHECK ONE: VISA MasterCard American Express Discover

Billing Address _____ City _____ State _____ ZIP _____

PLEASE PRINT INFORMATION EXACTLY AS IT APPEARS ON YOUR CARD.

CARDHOLDER'S NAME _____

GIFT TOTAL \$ _____

DATE _____

CARD NUMBER

CARD VALIDATION CODE _____ EXPIRATION DATE _____