



## McPherson College Giving Form

Mail to:

McPherson College  
Development Office  
PO Box 1402  
McPherson, Kansas 67460-1402

or Fax to:

620-245-9438

Questions:

620-242-0432  
ruxlowa@mcpherson.edu

Print Name(s) \_\_\_\_\_ Class Yr \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

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

Apply this Gift to:

Annual Scholarship Fund (*President's Club membership: Associates level \$1,000; Builders level \$2,500; Partners level \$5,000*)

Friends of Miller Library  Auto Restoration  Athletic Booster Club  Endowment \_\_\_\_\_

Other \_\_\_\_\_

### Gift Option 1: Cash

Enclosed is a Check in the amount of \$ \_\_\_\_\_

### Gift Option 2: Credit Card

Single Gift Amount \$ \_\_\_\_\_

Monthly Gift Amount \$ \_\_\_\_\_ Beginning Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (m/d/y)

Charge my:  Visa  MasterCard  Discover  American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ (m/y)

Verification Number (*Final 3-digit number on back in signature strip, 4-digit on AMEX*) \_\_\_\_\_

Signature \_\_\_\_\_

### Gift Option 3: Electronic Funds Transfer (EFT) – Monthly Withdrawals From Checking or Savings

#### AUTHORIZATION AGREEMENT

I (we) hereby authorize the McPherson College, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Routing/Transit # \_\_\_\_\_ Account # \_\_\_\_\_

Type of Account:  Checking  Savings

Monthly Withdrawal Amount \$ \_\_\_\_\_ (*Funds will transfer on the 15th day of the month.*)

Beginning Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (m/d/y) Termination Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (m/d/y)

**Please attach a voided check to this form if you choose the EFT option.**

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

*Only one signature is required unless the account requires multiple signatures.*

*Upon receipt of this form by McPherson College, a duplicate will be sent to you as a confirmation of this transaction.*