



Electronic Funds Transfer (EFT) Gift Form

Donor Information (please print or type)

Name		
Billing address		
City		
State/Zip	State	Zip Code
Telephone (home)		Telephone (business)
E-Mail		Fax

I want to support:	
<input type="checkbox"/> Vision Validators	<input type="checkbox"/> General Scholarships
<input type="checkbox"/> UNCF	<input type="checkbox"/> Other _____

I wish to have my gift remain anonymous.

Pledge Information for EFT

I pledge a total of \$ _____ for a total of _____ months and \$ _____ per month.
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EFT Information

I plan to make this contribution through my: <input type="checkbox"/> Checking Account or <input type="checkbox"/> Savings Account	
I give my permission for B-CU to deduct \$ _____ per month on the <input type="checkbox"/> 1 st or the <input type="checkbox"/> 15 th of every month until the pledge is completed <input type="checkbox"/> or until I ask for payments to be stopped <input type="checkbox"/> .	
(please send a voided check)	
Bank Name	
Account Number	
Routing Number	
Signature	Date:
I understand that by signing above I am agreeing to let Bethune-Cookman University withdraw from my bank account the amount I designate every month. These withdrawals will continue until the total pledge amount is reached.	

Please mail to:

Bethune-Cookman University
Attn: Institutional Advancement
640 Dr. Mary McLeod Bethune Blvd.
Daytona Beach, FL 32114
Or fax to 386-481-2973

Thank you for your generous support of Bethune-Cookman University!