



## RECURRING GIFT AUTHORIZATION FORM

Use this form to set up automatically recurring gifts to the University of Detroit Mercy using your credit card, or debit card. You determine how much, how often, how long, and where you want the money to go. Please print an extra copy of this form for your records.

### Gift Information

Designation (list dollar amount of each payment, minimum \$20/payment)

\$ \_\_\_\_\_ The Fund for UDM

\$ \_\_\_\_\_ Other (specify)

Start date: \_\_\_\_\_

How often?  Monthly  Quarterly  Semi-annually  Annually

How long?  Until I notify you to stop  Number of payments:  Stop date: \_\_\_\_\_

### Payment Authorization

Credit card or debit card

As specified above, I authorize UDM to charge my:

Visa  Mastercard  Discover  American Express

Card number \_\_\_\_\_

Exp. date \_\_\_\_\_ CCV (3-4 digit security code): \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Matching Gifts

I anticipate that my gifts will be matched by (specify company): \_\_\_\_\_

### Donor Information

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Alumna/us  Yes  No Grad Year: \_\_\_\_\_

School \_\_\_\_\_

### Spouse Information

Spouse name \_\_\_\_\_

Email \_\_\_\_\_

Alumna/us  Yes  No Grad Year: \_\_\_\_\_

School \_\_\_\_\_

Name at graduation \_\_\_\_\_

### Mail form to:

University of Detroit Mercy, University Advancement, 4001 W. McNichols Road, Detroit, MI 48221-3038

Contact us at: (313) 993-1250 • [udmgrad@udmercy.edu](mailto:udmgrad@udmercy.edu)

**Thank you for your commitment.**