

Use this form to set up automatically recurring gifts to Purdue using your credit card, debit card, or checking account. 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)

\$ \_\_\_\_\_ The Fund for Purdue (018605)  
 \$ \_\_\_\_\_ College/School (specify) \_\_\_\_\_  
 \$ \_\_\_\_\_ Department (specify) \_\_\_\_\_  
 \$ \_\_\_\_\_ Libraries (RF0088)  
 \$ \_\_\_\_\_ Other (specify) \_\_\_\_\_  
 \$ \_\_\_\_\_ 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

Checking account (Please enclose a cancelled check)

Credit card or debit card

As specified above, I authorize Purdue Foundation to charge my:

Visa  Mastercard  Discover  American Express

Card number \_\_\_\_\_ Exp. date \_\_\_\_\_

Name on card \_\_\_\_\_ 3 Dig Sec Code \_\_\_\_\_

My credit card billing address is the same as the address listed below.

If different, please provide billing address \_\_\_\_\_

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

## Matching Gifts

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

## Donor Information

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_

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

Telephone \_\_\_\_\_

e-mail \_\_\_\_\_

Alumna/us?  yes  no Year graduated: \_\_\_\_\_

School \_\_\_\_\_

## Spouse Information

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

e-mail \_\_\_\_\_

Alumna/us?  yes  no Year graduated: \_\_\_\_\_

School \_\_\_\_\_

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

Mail form to: Purdue Foundation, 403 West Wood Street, West Lafayette, IN 47907-2007

Contact us at: (800) 319-2199 or gifts@purdue.edu