

Recurring Gift Authorization Form

Use this form to set up automatically recurring gifts to Purdue using your credit 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):

\$ _____ The Fund for Purdue (018605)
 \$ _____ College/School (specify) _____
 \$ _____ Department (specify) _____
 \$ _____ 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

Credit or Debit Card

I authorize Purdue University to charge \$ _____ to my:

Visa MasterCard Discover American Express

Card Number: _____ Exp. Date: ___/___ CVV: _____

Printed name as it appears on card: _____

Billing Address: _____

Same as mailing address (please supply below)

Signature: _____ Date: _____

Matching Gifts

I anticipate that my gift will be matching by (specify company) _____

Donor Information

Name _____

Street Address _____

City _____

State _____ Zip Code _____

Telephone _____

E-mail _____

Alumna/us? Yes No Year Graduated _____

Name at Graduation: _____

Spouse Information

Spouse Name _____

E-mail _____

Alumna/us? Yes No Year Graduated _____

School _____

Name at Graduation _____