



Recurring Gift Form

Automatic Deduction from Credit Card only
*fill in all required fields

YOUR INFORMATION (optional if provided on attached form)

First Name*: _____ Last Name*: _____
 Company: _____ Authorized Representative/Title: _____
 Home Address*: _____ Preferred*
Street / City / State / Zip
 Phone*: _____ Fax: _____ Email*: _____
 Business Address: _____ Preferred*
Street / City / State / Zip
 Phone*: _____ Fax: _____ Email*: _____
 Country: _____
 Name/Company as you would like it to be acknowledged*: _____
 Anonymous Yes No

1 Credit Card AUTOMATIC DEDUCTION & DURATION

Purpose*: _____ Subscription Name (optional): _____ Invoice # (optional): _____
intended purpose
 Amount* (each): \$ _____ Every _____ days (Min 7, Max 365)
 Monthly Bi-Monthly Quarterly Semi-Annually Annually
 Start Date* (MM/DD/YYYY): _____
 Ends after # _____ of occurrences.
 End Date: _____ or No End Date: _____

Instructions - required fields
 1. Purpose: Enter intended purpose of gift.
 2. Fill in Amount of each payment and frequency.
 3. Enter Start Date (first payment).
 4. Enter End Date or No End Date (continue this gift indefinitely)
 5. **Sign both CREDIT CARD and SIGN BELOW sections.**

Thank You!

2 YOUR CREDIT CARD

*Card Number _____ *Expiration Date _____
 Total Gift Amount: \$ _____
 Card Billing Address _____
number of
 *Street / *City / *State / *Zip Code _____
 Signature* (Must match name on card) _____

3 SIGN BELOW

Donor Signature* _____ Print Name* _____ Date* _____
 YES! I want benefits (90% of contribution will be tax deductible) NO, I do not wish to receive benefits, rather, I would like 100% of my donation to be tax deductible.

Thank you for your generous gift!

The donor understands that 95 percent of all donations will directly support the intended purpose with the remaining five percent deducted as a one-time administration fee to defray the cost of fundraising activities and development services for the University.

FOR INTERNAL USE

Customer ID: _____ Received by: _____ Hand Mail Electronic Date: _____
 CSUB Solicitor name: _____ Phone: _____ Email: _____
 Campaigns: _____ Fund: _____ Appeal: _____
 Benefit: _____