

sign me up

Name: _____

Phone: _____

I would like to join E Z Gift with an automatic monthly gift of:

\$5 \$10 \$15
 \$20 \$25 \$50
 Other \$ _____

Address: _____

City, State, Zip: _____

Please use my gift to support the: (mark all that apply)

Union College Fund
 Student Scholarship Fund

I prefer to make my automatic monthly gift by one of the following:

Automatic Bank Transfer: I have enclosed a voided blank check for bank routing purposes and authorize Union College to debit the above amount from my account on the 10th of each month until I notify Union College otherwise.

Bank Name: _____

Bank Phone #: _____

Federal Reserve

Routing Number: _____

Bank Account #: _____

Please check one: checking account savings account

Federal Reserve Routing Number	Your Account Number	Check Number (Do not use)
Memo _____ : 1 0 2 9 0 1 4 2 5	5 1 0 1 4 2 ,	1 5 4 3

Credit Card: I authorize Union College to process a charge on my credit card on the 10th of each month until I notify Union College otherwise.

Please check one:

- Visa
 Mastercard
 Discover

Credit Card #: _____

Authorization Code: ___ ___ ___
(3-digit number on back by signature)

Expiration Date: _____

Authorized Signature: _____ Date: _____

Our Guarantee: You may change or cancel the amount or designation of your gift at any time. Simply send written notification prior to the 1st of the month.

If you have any questions about the E Z Gift program, call the Union College Advancement Office at 402.486.2503 or e-mail advance@ucollege.edu.