Recurring Giving Program

Please mail completed form to:
Office of Development | Stonehill College
320 Washington Street Easton, MA 02357-6242

DONOR INFORMATION

<table>
<thead>
<tr>
<th>NAME</th>
<th>CLASS</th>
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<tbody>
<tr>
<td>SPOUSE</td>
<td>CLASS</td>
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ADDRESS

| CITY, STATE ZIP | COUNTRY |

EMAIL

GIFT AMOUNT

Gift Amount: $ __________ to be paid every:
☐ Month  ☐ Quarter  ☐ Twice a Year  ☐ Year

By: ☐ Credit Card  ☐ Checking Account

(*voided check required)

GIFT DESIGNATION

☐ Stonehill College Fund

☐ Other Designation (please specify):

PAYMENT

CHECKING

Please include a voided check with this form and fill in below details.
*The routing number always comes first and is exactly 9 digits. The account number varies in length. May appear before or after the check number. Include leading zeros. Omit spaces and non-numeric characters.

ABA Routing Number:

Account #:

Name on Account:

CREDIT CARD

☐ American Express  ☐ MasterCard  ☐ VISA  

Expiration Date: _________  Security Code: ________________

Card Number: __________________________________________

Name on Card: _________________________________________  Signature: ______________________

*PLEASE READ AND SIGN BELOW: Required for recurring credit card or checking account payments.

I hereby authorize my bank or credit card company to charge my account according to the frequency selected and pay Stonehill College the amount indicated above. This authorization will remain in effect until I, Stonehill College or my financial institution revoke it in writing.

Signature: ____________________________________________  Date: ______________________

For more information about recurring giving, visit www.stonehill.edu/giving