



Recurring Giving Program

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

DONOR INFORMATION

NAME	CLASS
SPOUSE	CLASS
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