



Reaching higher

UNIVERSITY OF MINNESOTA DULUTH

I/we would like to make a gift to UMD by Electronic Transfer from my/our:

Checking Savings account (Please enclose a voided check or saving deposit slip)

Credit Card:

Visa or Master Card Number: _____ Exp. Date __/__/____

Donation amount (check one):

\$ _____ Monthly (1st or 15th : start month _____)

\$ _____ Quarterly: (The first of the month beginning _____) Allow 15-30 days for processing before payments begin.

Please continue my/our donations until my/our pledge of \$ _____ is satisfied.

indefinitely, until I/we contact you.

New Deductions

Designations (University budget or Foundation fund name, listed on reverse side)

Amount Per Pay Period

Total Expected Gift Amount

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total to be deducted each pay period: _____

PRL Indent (Staff Use Only)

Name(s) on account (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone (in case we have any questions): _____

I/we authorize the University of Minnesota Foundation to process debit entries from my/our account. This authority will remain in effect until I/we give reasonable written notification to terminate this authorization or until the last specified payment date. I/we understand that the processing time to start or stop payment can take up to 30 days. I/we have attached a voided check or savings deposit slip.

Signature(s): _____ Date: _____