



MONTHLY GIVING AUTHORIZATION WORKSHEET

Personal Information

Name (please match name on account) _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Spouse _____ Email _____

I understand and agree that my bank or credit card company is responsible for the accurate and timely posting of my EFT contributions or credit card gifts. If an error should occur, I will work directly with Grace's Office of Advancement to correct the problem.

Signature _____ Date _____
Please sign with ink after printing.

Gift Details

Monthly Gift Amount _____ Gift Designation (choose one):

- Transaction Date (choose one):
- 5th of each month
 - 25th of each month
- Grace Fund
 - Other _____
 - Other _____

Via Electronic Funds Transfer (EFT) From a Bank Account

Bank Name _____

Bank Address _____

ABA / Routing Number _____ Bank Phone _____

Please transfer my gift from my:

- Checking Account # _____ Please staple voided check
- Savings Account # _____ Please staple voided deposit slip

Via Credit Card

Credit Card: Visa MasterCard Discover American Express

Credit Card # _____

Expiration Date _____ Security Code(3 or 4 digits) _____

Please Mail To:

Office of Advancement ♦ Grace College & Seminary ♦ 200 Seminary Drive ♦ Winona Lake, IN 46590
Phone: (866) GIVE-GRACE ♦ Email: polstomm@grace.edu ♦ www.grace.edu