



Credit Card/Recurring Gift Form

Date: _____

Name: _____ Class Year: _____

Billing Address: _____

Billing City, State Zip: _____

Daytime Phone: _____ Preferred Email Address: _____

CONTRIBUTION INFORMATION

Gift Amount: \$ _____ Designation: Annual Fund Restricted: _____

How frequently would you like to donate? One-time Monthly Quarterly Annually

(See page two for possible payment options)

How much would you like to donate each time? \$ _____

When do you want the donations to start? _____ 1 year 2 years 3 years 4 years 5 years

PAYMENT INFORMATION

Type of card: MasterCard Visa

Credit Card: _____

Expiration Date: _____/_____

Cardholder's name (if different from donor's name): _____

IMPORTANT: Please read and sign the following: I (we) hereby authorize Siena College to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account each month. This authority is to remain in full force and effect until my pledge is fulfilled or until revoked by me (us) in writing. My (our) monthly statements(s) will read Siena College. Payments commence immediately upon processing of this form by Siena College. Pledge payments are tax-deductible to the fullest extent of the law. I have read and understand the above.

Signature: _____ Date: _____

Please return completed forms to Development Operations at development@siena.edu.

For internal use only: *SID: _____ Staff/Caller Initials: _____ Pledge #: _____ Appeal Code: _____