

RECURRING GIFT AUTHORIZATION FORM

5155

YES!

**I WANT TO HELP PROVIDE HIGHER EDUCATION
AT THE HIGHEST PROVEN VALUE!**

Gift Information:

Enclosed is my/our gift of \$

How often? Monthly Quarterly Semi-annually Annually

How long? Until I notify you to stop Number of Payments: Stop date:

DESIGNATE

Please designate my gift the following way:

Purdue Scholarship Fund [020323]	\$
College/School (specify)	\$
Department (specify)	\$
Other	\$
Other	\$

PAYMENT METHOD

Thank you for your generosity. Please choose the method that is best for you:

Give online at giving.purdue.edu/giveonline

I authorize the Purdue Foundation to charge my credit card/debit card

VISA MasterCard Discover American Express

Card number Exp date Security code

Name on card

Billing address

City/state/zip

Signature

Date

I anticipate that my gift will be matching by (specific company)

DONOR INFORMATION

Name

Spouse Name

Address

Email

City/state/zip

Alumna/us? Yes No Year Graduated

Phone

School

Email

Name at Graduation:

Alumna/us? Yes No Year Graduated

Name at Graduation: