



Thank you for your interest in giving to DePaul University through our RECURRING CREDIT CARD gift program. By completing this form and mailing it to the address above, you will authorize DePaul to initiate a monthly automatic charge to your credit card.

Please indicate a start and stop month below. DePaul will charge your card on the 15th of each month (unless you write in a different day of the month below). If you choose to continue your recurring charge until further notice, the monthly charge will remain in effect until we have received verbal or written notification from you to terminate it and DePaul has had reasonable opportunity to act on it.

If you wish, you can request to have our office contact you in order to re-authorize a new series of automatic, recurring charges if you indicate a stop date below.

Name of Donor _____

Donor's Address: _____
Street No. City /State Zip

CARD NUMBER (Visa, MasterCard, Discover, Amex): _____

EXPIRATION DATE: _____

AMOUNT TO CHARGE PER MONTH: \$ _____

DATE OF FIRST CHARGE: _____/15/_____
Month Day Year

DATE OF LAST CHARGE: _____/15/_____
Month Day Year

Please print this form, fill it out and mail it to:
DePaul University
ATTN: Advancement Gift Processing
1 East Jackson Blvd.
Chicago, IL 60604-2287

PLEASE CONTINUE MY RECURRING CHARGE UNTIL FURTHER NOTICE: YES _____

(If your credit card expires before the date of the last charge, our office will contact you prior to the expiration to obtain a new expiration date)

I WISH TO BE CONTACTED ONCE MY AUTOMATIC CHARGES HAVE ENDED TO BEGIN A NEW SERIES OF MONTHLY CHARGES: YES No N/A

PLEASE DESIGNATE MY GIFT TO: _____

Donor's Signature: _____ Date: _____

Phone No: _____

ANY QUESTIONS, PLEASE CALL THE DIRECTOR OF GIFT PROCESSING AT (312) 362 –8666.