

# **THE BATES COLLEGE MONTHLY GIVING PROGRAM**

## **How does the Monthly Giving Program work?**

The Monthly Giving Program deducts a monthly contribution from your credit card or checking account on the 15<sup>th</sup> of each month. Transfers will appear on your monthly credit card or bank statement. If you use the checking account option, you should deduct each transfer in your account register.

## **How does the Monthly Giving Program help you?**

You can decide what gift you want to make, call us on the toll-free line and be spared the time and effort of sending gifts through the mail.

You may be able to make a larger gift to Bates than you originally thought possible, since you will divide your gift into 12 monthly installments.

You can make the commitment early in the giving year, and know that you're already counted among Bates' most valued donors.

## **How can you participate?**

For credit card gifts, call us at 1-888-522-8371, Monday through Friday, 8 a.m. to 4:30 p.m., and we'll help you sign up. For checking account deductions, complete the attached authorization form and send it along with a voided check. The form allows Bates to process your gift each month for the amount you indicate.

Mail the form to the Advancement Office, Attn: Monthly Giving Program, Bates College, 2 Andrews Road, Lewiston, ME 04240-6028.

Deductions from your account will begin approximately four weeks after we receive your form and will occur on the 15<sup>th</sup> of every month.

You can change the monthly amount or you can terminate this agreement at any time by notifying the Advancement Office.

## **Who can answer your question?**

Please call the Toll-Free Gift Line, 1-888-522-8371, for answers to questions about the Monthly Giving Program.

*(over)*

## Bates College Monthly Giving Program Authorization

Name: _____		Class: _____
Spouse Name (if alum): _____		Spouse Class: _____
Address: _____		
Telephone: _____	Email: _____	
<input type="checkbox"/> Yes, I (We) want this gift split equally 50/50		<input type="checkbox"/> No, I want this gift credited only to myself
<input type="checkbox"/> Other, please split this gift in this way: _____		

*(please print)*

I (We) authorize Bates College to effect payment to Bates College of the amount indicated below by me (either of us). As such amounts become due I (we) authorize Bates College to initiate debit entries to my (our) account indicated below. I (We) authorize the bank to accept any debit entries to my (our) account initiated by Bates College and to debit the same to my (our) account.

I (We) wish to designate our gift:		
<input type="checkbox"/> Unrestricted – <i>where Bates needs it most!</i>	<input type="checkbox"/> Scholarships	<input type="checkbox"/> Academic Excellence
<input type="checkbox"/> Annual Library Purchases	<input type="checkbox"/> Residential Life	<input type="checkbox"/> Other _____

Amount of Authorization: \$ _____/per month	Date Transfer to commence: _____
Would you like Bates to continue until otherwise notified: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date to Discontinue: _____

**FOR CREDIT CARD (MASTERCARD/VISA/DISCOVER/AMEX) *(Please circle type of card)***

Credit Card #: _____	Expiration: (month/year) _____
Name (as it appears on card): _____	
Billing Address for authorized credit card: _____	
_____	
<i>(please print)</i>	
<b>(REQUIRED)</b> Authorized Signature of card holder: _____	

**FOR CHECKING ACCOUNTS**

***For checking account transfers please remember to include a voided check or deposit slip***

Bank Name: _____		
Bank Address: _____		
Bank City: _____	Bank State: _____	Bank Zip: _____
It is understood this agreement may be terminated by me (either of us) at any time by written notification to Bates College or the bank. Any such notification to the College shall be effective only with respect to entries initiated by the College after receipt of such notification and a reasonable opportunity to act on it. Any such notification to the bank shall be effective only with respect to entries debited to my (our) account by the bank after receipt of such notification and a reasonable time to act on it.		
<b>(IF JOINT BANK ACCOUNT BOTH PARTIES SHOULD SIGN)</b>		
Name(s): _____		
Date: _____	Signed: _____	
Date: _____	Signed: _____	

PLEASE RETURN TO: Advancement Office, Attn: Monthly Giving Program, Bates College, 2 Andrews Road, Lewiston, ME 04240

*Revised 6/15/07*