

AUTOMATIC DONOR PROGRAM

We are able to facilitate your recurring gifts through our Automatic Donor Program.

Yes! I would like to arrange my recurring gift through Edison's

Automatic Donor Program. I have attached my *voided blank check* to this form and/or my credit card information is completed. My signature below serves as authorization of my continuing gift until I wish to discontinue contributions.

GIFT DESIGNATION

Total Amount of Gift \$ _____ will be deducted from my

checking account OR credit card account

Date of planned withdrawal: The _____ day of each month beginning with _____ (month/year) and continuing through _____ (month/year).

YOUR INFORMATION

Your name: _____

Your mailing address: _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Checking Account Information (be sure to include a VOIDED

BLANK CHECK)

Your Name (as it appears on bank account) _____

Signature _____

Credit Card Information

Your Name (as it appears on credit card) _____

Card: VISA MasterCard American Express Discover

Credit Card Number: _____ Expiration Date _____

Signature: _____

Mail completed form to:
Institutional Development, Edison Community College, 1973 Edison Drive, Piqua, Ohio 45356