



# GENEVA COLLEGE FOUNDATION

## Automated Monthly Giving Agreement – Geneva Fund

*Thank you for making Geneva students a monthly priority!*

I would like to enroll in monthly giving and give the Geneva College Foundation permission to charge my credit card, as indicated below.

I understand that donations are non-refundable unless it is due to an error on behalf of the Geneva College Foundation or my financial institution. I also understand that my bank is responsible for the accurate and timely posting of my transferred gift(s). This agreement will remain in effect until I notify the Geneva College Foundation with verbal or written notification of its termination, at least five (5) business days prior to the scheduled processing date. In the event of an amount or double posting error, I will contact the Geneva College Foundation.

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### CREDIT CARD AUTOMATIC DONATION

☐ Yes, I'd like to give \$\_\_\_\_\_ monthly by credit card, starting in \_\_\_\_\_ (month).  
I understand that my card will be charged on the **22<sup>nd</sup> of each month**—unless the 22<sup>nd</sup> falls on a weekend or holiday break, in which case it may be processed shortly before or after.

**Credit Card Type** ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

**Card #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration** \_\_\_\_ / \_\_\_\_

*(when my card expires, I will be contacted by the Geneva College Foundation to renew)*

**Name as printed on card** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### RECEIPT PREFERENCE

- ☐ Please send my initial receipt, and thereafter only send a collective receipt in December.  
☐ Please mail me a receipt each month.

**May the Geneva College Foundation recognize your name in the President's Report?**

- ☐ Yes  
☐ No, thanks.