ASBURY UNIVERSITY
Academic Excellence & Spiritual Vitality

Office of Development
Asbury University
One Macklem Drive
Wilmore, Kentucky 40390

development @asbury.edu
859-858-3511 ext. 2136
800-888-1818 ext. 2136
fax: 859-858-3921

MONTHLY GIVING PROGRAM ENROLLMENT FORM

Please enroll me in Asbury University's automatic monthly giving program. I would like my charitable contribution of $_____ to be designated to:

☐ Fund for Asbury University: Student Scholarships

☐ Other: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please choose from one of the following payment types:

☐ **Credit Card Transaction**

Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Name on Card: _____ Exp. Date: ____ ____ / ____ ____ ____ ____

Card Number: ____ ____ ____ ____ - ____ ____ ____ ____ - ____ ____ ____ ____ - ____ ____ ____ ____

☐ **Savings/Checking Account Withdrawal (please attach a voided check)**

Name on Account: _____

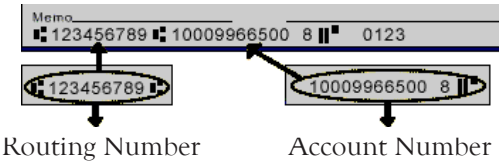
Financial Institution Name: _____

Financial Institution City, State, & Zip: _____

Type of Account: ☐ Savings ☐ Checking

Routing Number: ____ ____ ____ ____ ____ ____ ____ ____ ____

Account Number: _____



Routing Number Account Number

I authorize Asbury University to automatically charge my credit card or deduct from my Savings/Checking account on the:

☐ 1st day of each month ☐ 15th day of each month Beginning Month: ___ ___ / ___ ___ ___ ___

This authorization will remain in effect until Asbury University receives further written notification from the undersigned.

Signature: _____ Date: _____