



# ANNUAL FUND MONTHLY GIVING PLAN

## MONTHLY GIVING CHART

Monthly Gift	Fiscal Year Donation*
\$5	\$60
\$10	\$120
\$25	\$300
\$50	\$600
\$100	\$1,200

Membership in Allegheny's Timothy Alden Council begins at:

Monthly Gift	Fiscal Year Donation*
\$151.25	\$1,815

Minimum monthly amount is \$5.

\*Allegheny's fiscal year begins July 1 and ends June 30.

## CONTACT INFORMATION

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

## PLEASE USE MY GIFT FOR

- Area of Greatest Need
- Academic Support
- Athletics
- Campus Beautification
- Internship Support
- Annual Fund Scholarship Grant  
(\$5,000 per fiscal year\* and above)
- Scholarships
- Student/Faculty Research
- Sustainability

## GIVING AGREEMENT



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I/We authorize Allegheny College to initiate monthly debits/charges to my/our account on the 15th of each month for payment of my/our gift to the Annual Fund. This giving authorization will remain in full force and effect until the authorizing person(s) has/have given 30 days' written notification of the termination.

## VIA CREDIT CARD

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Please charge

(\$5 minimum) \$ \_\_\_\_\_ on the 15th of each month to my:  **VISA**      **DISCOVER**

beginning \_\_\_\_\_ 15, 20 \_\_\_\_\_ until I notify the College to make a change.  
(month) (year)

Name on Account \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

## VIA ELECTRONIC FUND TRANSFER

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If a joint bank account is being used for the monthly automatic deduction, both persons must sign this form. Please attach a blank VOIDED check or deposit slip for the account from which you wish to make the withdrawals. A written confirmation of this agreement will be sent to you before the first electronic transaction occurs.

Amount per month

(\$5 minimum) \$ \_\_\_\_\_ beginning \_\_\_\_\_ 15, 20 \_\_\_\_\_ until I notify the College to make a change.  
(month) (year)

Bank Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Holder Printed Name \_\_\_\_\_

Joint Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Account Holder Printed Name \_\_\_\_\_

*Thank you.*

*Your generosity makes an Allegheny education possible for today's students and the next generation.*