



THE AMERICAN COLLEGE ADVANCEMENT OFFICE
 270 S. Bryn Mawr Avenue, Bryn Mawr, PA 19010
 Phone: 610-526-1428 • fax: 610-526-1545
 E-mail: advancement@theamericancollege.edu

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Tel#: _____ Email: _____

Company: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Tel#: _____ Fax: _____

Yes! I am pleased to support The American College with a gift as indicated below:

\$1,500 \$750 \$500 \$250 \$100 \$_____ other

Check enclosed \$ _____ (Payable to **The American College**)

Charge \$ _____ to my AmEx Discover VISA Mastercard

Acct. # _____ Expires _____ (mm/yy)

For subsequent **annual** gifts, please charge the same amount to the above credit card during the month of _____

Please send me a gift reminder for \$ _____ on _____ (enter date)

For ease and convenience, enroll me in the monthly *EZ Gift* or *Check-O-Matic Gift Payment Program*
 (Complete Enrollment Form below)

Matching Gift Form enclosed with my gift. Send me information about the Matching Gift Program.

*** A Corporate matching Gift will count towards this Annual Fund Gift.**

A signature is required for all transactions.

Signature _____ Date _____

**THE AMERICAN COLLEGE PRE-AUTHORIZED GIFT PAYMENT PROGRAM
 EZ GIFT AND CHECK-O-MATIC ENROLLMENT FORM**

I authorize The American College to initiate periodic debit entries to the referenced account # and Financial Institution indicated here to debit the same such account and to credit the same such account only to reverse any debit erroneously posted. This authorization is to remain in full force and effect until The American College has received written notification from me of its termination in such time and in such manner as to afford The American College a reasonable opportunity to act on it.

INSTRUCTIONS

For Credit Card: Please complete all information on the right.

For Checking Account: Please **attach a voided check** with the ABA Routing/Transit & the Depositor Account numbers, as well as the Depositor Account Titles clearly visible. For both monthly programs, The American College will acknowledge and advise you when automatic debiting of your account will begin.

*** Minimum deduction to enroll in EZ-Gift and Check-o-Matic is \$50/month.**

Name (please print) _____

\$ _____

Monthly Amount* _____

Credit Card (EZ Gift)

Charge my: AMEX DISC VISA MC

Acct #: _____ Exp: _____ (mm-yy)

Checking Account (Check-O-Matic Program)

Name of Bank / Financial Institution _____

Checking Account # _____

Signature _____ Date _____