



**PLEASE DESIGNATE MY GIFT TO:**

**Annual Support**

- Exceptional Fund
- Where needed most
- Bible Scholarships
- Wildcat Annual Fund
- Other \_\_\_\_\_

I would like for someone from the university to contact me.

**QUESTIONS?** Call Gift Records at 325-674-2612 or toll-free at 800-588-1514.

I would like to opt out of receiving a receipt after each monthly gift. I will continue to receive an annual giving summary for tax purposes.

**MAIL TO:**  
 Abilene Christian University, Gift Records  
 ACU Box 29132  
 Abilene, Texas 79699-9132

**Monthly Electronic Funds Transfer (EFT) Authorization**

I (We) hereby authorize Abilene Christian University to initiate entries to my checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Abilene Christian University is notified by me (us) in writing to cancel it in such time as to afford ACU and the financial institution a reasonable opportunity to act on it. Until further notice, this will authorize you to honor a draft on my account by Abilene Christian University around the  10th,  20th, or  28th day of each month.

**IN THE AMOUNT OF:**  \$84 per month (President's Circle)  \$20 per month  
 \$10 per month  \$\_\_\_\_\_ per month

**TO** \_\_\_\_\_  
NAME OF BANK OR FINANCIAL INSTITUTION

\_\_\_\_\_  
STREET ADDRESS OF BANK/FINANCIAL INSTITUTION – BRANCH

\_\_\_\_\_  
CITY STATE ZIP

Checking  Savings Account number \_\_\_\_\_

Financial institution routing number \_\_\_\_\_  
LOOK BETWEEN THESE SYMBOLS I : I ON BOTTOM LEFT OF YOUR CHECK

**FROM** \_\_\_\_\_  
YOUR PRINTED NAME AS IT APPEARS ON ACCOUNT

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

Daytime phone \_\_\_\_\_  Preferred? Cell phone \_\_\_\_\_  Preferred?

Business phone \_\_\_\_\_  Preferred? Email \_\_\_\_\_

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

