

**AUTHORIZATION FOR AUTOMATIC CREDIT CARD GIFTS**

Please read the following important information concerning your Recurring Credit Card charges

- Anyone is eligible to participate at anytime.
- Complete and sign this form and return it to the UT Advancement Services Office at the address below. Authorization must be received by the 15<sup>th</sup> day of the month in order to begin deductions the next month.
- Credit card transmissions are sent to the bank between the 3<sup>rd</sup> and the 7<sup>th</sup> day of each month. The charge will be made to your credit card during this time.
- Your credit card statement will reflect the date and amount of your deduction. Also, you will receive an official receipt.
- You may terminate this service anytime by written notification to the UT Advancement Services Office.

**Donor Information**

NAME		SPOUSE NAME	
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	DAYTIME PHONE	CELL PHONE	
EMAIL ADDRESS			

**Gift Information**

I/we would like to make a \_\_\_\_\_ year pledge of \$ \_\_\_\_\_ to be fulfilled via equally divided charges applied to the credit card listed below on a  monthly  quarterly  semi-annual  annual basis.

Please initiate the first installment in the month of \_\_\_\_\_, 20\_\_\_\_.

I would like my gift to support the: \_\_\_\_\_  Please use my gift where the need is greatest.

**MATCHING GIFT**

I am participating in a matching gift program through \_\_\_\_\_.

Enclosed is a matching gift form  I have applied for a matching gift

**Credit Card Information**

\* please note the University of Tennessee can only process Mastercard, Visa, or Discover Cards.

ACCOUNT NUMBER	EXP DATE	CVV NUMBER
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I authorize The University of Tennessee to initiate the recurring charge to my credit card as indicated above and to credit that amount to my pledge. In making this authorization, I agree to the following terms: I authorize the University of Tennessee to pay my pledge and to charge each payment. This authority is to remain in effect until revoked by me in writing or until the pledge is completed. In addition, I have the right to stop a payment by timely written notification to Advancement Services at The University of Tennessee prior to charging my account. I understand, however, that both my financial institution and/or The University of Tennessee reserve the right to terminate this payment plan (or my participation therein).

Signature (as shown on credit card): \_\_\_\_\_ Date: \_\_\_\_\_

University of Tennessee  
Office of Advancement Services  
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Knoxville, TN 37921

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Fax: (865) 974-4250