

Please use this form if you wish to make a gift through the automatic credit card draft process.

Automatic Credit Card Draft Authorization Agreement

Thank you for your gift to the Clemson Fund.

Our fiscal year is July 1-June 30.

Call 864/656-5896 if you have questions.

GIFT DESIGNATION

Please restrict this gift to support the priorities of:

- Where the need is the greatest this year (unrestricted)
- College or Department of _____
- Libraries _____
- Other _____



For proper processing and recording of your gifts, please include the following information:

PERSONAL INFORMATION

Name (please print) _____ CU class _____ SSN _____
 Spouse _____ CU class _____ SSN _____
 Address _____ Home phone _____
 City _____ State _____ ZIP _____
 Company _____ Office phone _____
 Position (job) _____ Email _____

I have enclosed my company's matching gifts form. I have made provisions or I would like to make provisions for Clemson in my will.

Now's the time to make your Clemson Fund giving record perfectly consecutive.

I would like to catch up ___ years of giving at \$10 per year. (You can email annsmir@clemson.edu to check your consecutive gift record.)

ANNUAL GIFT CLUBS

Giving clubs for donors who make cumulative annual contributions from July 1 – June 30 along with the monthly deductions required to reach each level are:

Minimum Gift	Annual Gift Club	Monthly Deduction
\$0-\$99	Clemson Fund	\$5 minimum
\$100	Century Club	\$8.50
\$250	University Club	\$21
\$500	Silver Tiger	\$42
\$1,000	Presidents Club*	\$85
\$2,500	Clemson Ambassadors*	\$209
\$5,000	Clemson Fellows*	\$417
\$10,000	The Founders*	\$824
\$25,000	Heritage Partners*	\$2,084

*Denotes Major Gift Clubs

AUTOMATIC CREDIT CARD DRAFT AUTHORIZATION AGREEMENT

Alumnus Parent Faculty/Staff Friend

Immediate Gift:

Please charge the credit card indicated below now in the amount of \$ _____ for the initial gift in the automatic credit card draft process.

Subsequent Gifts:

I/we _____ hereby authorize the Clemson Fund to charge my/our credit card indicated below in the amount of \$ _____ monthly, quarterly (March, June, September, December), semiannually (June, December) or annually (June). This authorization is to remain in full force and effect until the Clemson Fund has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Clemson Fund a reasonable opportunity to act on it.

Name(s) _____ CU Class _____
 Name(s) _____ CU Class _____
 Signature _____
 Date _____

Check One: VISA MasterCard Discover American Express

Please print information exactly as it appears on your card.

Card Number _____
 Interbank Number for MasterCard _____ Expiration Date _____
 Cardholder's Name _____
 Billing Address (where you receive credit card statements) _____
 City _____ State _____ ZIP _____

NOTES:

- To change the amount of the gift or to stop payment of credit card charges, the donor must contact the Clemson Fund in writing.
- All persons named on the credit card must sign the authorization form.
- Accounts will be billed the 15th of each month.
- Return completed form to the Clemson Fund by the 15th of the month in order to be billed the 15th of the following month. Please mail to PO Box 1889, Clemson, SC 29633-1889.
- Maker authorizes the bank issuing the VISA, MasterCard, Discover or American Express card identified on this item to pay the amount shown and promises to pay the amount stated herein to such bank subject to and in accordance with the agreement governing the use of such card.

Office Use Only: Routing # _____ Acct. # _____
 Authorization Code _____