

# AUTOMATIC CREDIT/DEBIT CARD DRAFT AUTHORIZATION AGREEMENT



Thank you for your gift to Clemson Forever 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
- Scholarships
- Fellowships \_\_\_\_\_
- Faculty Support
- College/Department \_\_\_\_\_
- Libraries
- Other \_\_\_\_\_

### FOR PROPER PROCESSING AND RECORDING OF YOUR GIFTS, PLEASE INCLUDE THE FOLLOWING INFORMATION:

#### PERSONAL INFORMATION

Name (please print) \_\_\_\_\_ CU Class \_\_\_\_\_  
 Spouse \_\_\_\_\_ CU Class \_\_\_\_\_  
 Address \_\_\_\_\_ Preferred Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Company \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Position (job) \_\_\_\_\_ E-mail Address \_\_\_\_\_

- I have enclosed my company's matching gifts form.
- I have made provisions or
- I would like to make provisions for Clemson in my estate plan.
- I would like to catch up \_\_\_\_\_ years of giving at \$10 per year. (You can e-mail [cufund-L@clemson.edu](mailto:cufund-L@clemson.edu) to check your consecutive gift record.)
- Please contact me about making a leadership gift to Clemson.

#### ANNUAL GIFT CLUBS

Minimum Gift	Annual Gift Club	Monthly Deduction
\$0–\$99	Active Member	\$5 minimum
\$100	Century Club	\$8.50
\$250	University Club	\$21
\$500	Silver Tiger	\$42
\$1,000	Presidents Club*	\$85
\$1,000	President's Circle*	\$85 (unrestricted gifts only)
\$2,500	Clemson Ambassadors*	\$209
\$5,000	Clemson Fellows*	\$417
\$10,000	The Founders*	\$834
\$10,000	Leadership Circle*	\$834 (unrestricted gifts only)
\$25,000	Heritage Partners*	\$2,084

\*Denotes Major Gift Clubs

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- 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/debit card draft process.

#### SUBSEQUENT GIFTS:

I/We \_\_\_\_\_ hereby authorize Clemson Forever Fund to charge my/our credit/debit 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 Forever Fund has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Clemson Forever Fund a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ CU Class \_\_\_\_\_  
 Name(s) \_\_\_\_\_ CU Class \_\_\_\_\_  
 Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Check one:  VISA    MasterCard    American Express

Please print information exactly as it appears on your card.

Card Number															Expiration Date		CV Code	
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/debit card charges, the donor must contact Clemson Forever Fund in writing.
- All persons named on the credit/debit card must sign the authorization form.
- Accounts will be billed the 15<sup>th</sup> of each month.
- Return completed form to Clemson Forever Fund by the 15<sup>th</sup> of the month in order to be billed the 15<sup>th</sup> of the following month. Please mail to: PO Box 1889, Clemson, SC 29633-1889.
- Maker authorizes the bank issuing the VISA, MasterCard 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.
- To help support Clemson's efforts to increase private gifts, 5 percent of each gift made to most non-endowment funds will be reinvested.