



YOUR INFORMATION

Name _____
First Middle Last

Spouse/Partner Name _____
First Middle Last

Address _____

City, State, Zip _____

Preferred Phone _____ Home Cell

E-mail Address _____

GIFT DESIGNATION

Please designate your gift and the amount each designation should receive per month.

- | | | | |
|-----------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> \$ _____ | Butler Fund | <input type="checkbox"/> \$ _____ | Clowes Memorial Hall |
| <input type="checkbox"/> \$ _____ | College of Business | <input type="checkbox"/> \$ _____ | Irwin Library |
| <input type="checkbox"/> \$ _____ | College of Education | <input type="checkbox"/> \$ _____ | Reunion Scholarship (Class of _____) |
| <input type="checkbox"/> \$ _____ | Jordan College of Fine Arts | <input type="checkbox"/> \$ _____ | Alumni Association, Legacy Scholarship |
| <input type="checkbox"/> \$ _____ | College of Liberal Arts and Sciences | <input type="checkbox"/> \$ _____ | Black Alumni Scholarship |
| <input type="checkbox"/> \$ _____ | College of Pharmacy and Health Sciences | <input type="checkbox"/> \$ _____ | GLBT Alumni Scholarship |
| <input type="checkbox"/> \$ _____ | Bulldog Club | <input type="checkbox"/> \$ _____ | White Coats Gift Fund |
| <input type="checkbox"/> \$ _____ | Athletics, Restricted (Describe in Other) | <input type="checkbox"/> \$ _____ | Other: _____ |
| <input type="checkbox"/> \$ _____ | General Scholarships | <input type="checkbox"/> \$ _____ | Other: _____ |

My employer will match this gift. My spouse/partner's employer will match this gift.

GIFT PAYMENT

I hereby authorize Butler University to initiate debit entries to my checking/savings account on or about the 20th of every month as indicated below and authorize the banking institution indicated below to debit the same account.

Please deduct \$ _____ per month to Butler University beginning with next month.

Name of Banking Institution: _____

City: _____ State: _____ Zip: _____

Type of Bank Account:

Checking Account Savings Account

*Account number: _____

*Routing number: _____

**Please include a VOID check or deposit slip when submitting this authorization form and include information from that specific check or deposit slip to complete the account number and routing number portion of this authorization form.*

This authorization will remain in full force and effect until Butler University has received written notification from me of its termination and Butler has had a reasonable opportunity to act on that notification.

Name (please print): _____

Signature (required): _____ Date: _____

Your total contribution for the fiscal year is based on the number of months remaining from the time you make your gift to the end of the fiscal year and the total monthly amount of your gift. Butler fiscal year is June 1-May 31.