



YOUR INFORMATION

Name _____
First Middle Last

Spouse/Partner Name _____
First Middle Last

Address _____

City, State, Zip _____

Preferred Phone _____ Home Cell

E-mail Address _____

- This gift is in honor/memory of: _____
- My employer or my spouse's/partner's employer matches my gift.

GIFT DESIGNATION

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

- \$ _____ Butler Fund
- \$ _____ Innovation Fund
- \$ _____ Other: _____
- \$ _____ Other: _____
- \$ _____ Other: _____

GIFT PAYMENT

Please deduct \$ _____ (total of above gifts) each month to Butler University from my/our checking account beginning next month. *Please enclose a voided check.*

Would you prefer your deductions to occur on the 5th *or* 20th of each month?

Name of Banking Institution: _____

City: _____ State: _____ Zip: _____

Account number: _____

Routing number: _____

This authorization will remain in full force and in 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: _____

Butler's fiscal year is June 1-May 31.