

Name		Email	
Address		Phone Number	
City	State	Zip Code	Country
<b>How do you want to give?</b>		<b>Change Request (current Donors only)</b>	
I want to use my Credit/Debit Card Here is my debit/credit card information to be charged monthly:		I am an active recurrent gift participant.	
I want to use EFT (Electronic Funds Transfer) on the 15 <sup>th</sup> of each month. Here is my account information:		<input type="radio"/> I need to provide updated information pertaining to my credit/debit card.	
Name of Card (circle one): AMEX VISA MASTERCARD DISCOVER	Type of Account (circle one): Business account Checking	<input type="radio"/> I need to provide updated information pertaining to my bank account.	
Card Number:	Financial Institution:	<input type="radio"/> I need to change my gift allocations.	
Expiration Date:	Routing Number:	<input type="radio"/> I need to provide changes in the amount of my gift (enter new amounts below).	
Cardholder Name:	Account Number:	<input type="radio"/> I need to submit new Employer Matching Gift Forms.	
Signature X	Date	<input type="radio"/> Please cancel all my recurring gifts.	
		<b>Please attach a voided check to this form.</b>	

How would you like to designate your gift?	Allocation	Amount
<input type="radio"/> My gift is unrestricted.		
<input type="radio"/> My gift is fulfilling a current pledge for the following allocations(s).		
<input type="radio"/> My gift is for the following allocations.		

An **Employer Matching Gift** is done by obtaining the appropriate matching gift form from your personnel office. Indicate the total amount of your annual gift on the form and send it to us. Your employer matches your gift once your contribution equals the amount on the form.

My employer, \_\_\_\_\_, will match my total annual gift. The appropriate matching gift form indicating the total annual gift is enclosed.

### Terms of Agreement

My authorization to charge my debit/credit card or bank account shall be the same as if I had personally signed a check to the SIU Foundation. This authorization shall remain in effect until:

- I notify the SIU Foundation verbally or in writing that I wish to end this agreement, and
- the SIU Foundation has had a reasonable time to act on it.

*SIU Carbondale and the SIU Foundation retain a small percent of all gifts to enhance philanthropic-related initiatives. For our charitable disclosure information, please visit [www.siuof.org](http://www.siuof.org).*

### Remember to ...

- Complete all fields.
- Retain and copy for your records. Mail form to one of the two locations shown at the bottom of this page.
- Allow one giving period for processing.

For questions regarding this service, please call (618) 453-4935.