

Annual Fund Donor Societies	Unrestricted Support	Monthly Gift
Fellows Club	\$100–\$249 per year	\$8.34 monthly minimum
Partners Club	\$250–\$499 per year	\$20.84 monthly minimum
Associates Club	\$500–\$999 per year	\$41.67 monthly minimum
President's Club	\$1,000–\$2,499 per year	\$83.34 monthly minimum
Founders Club	\$2,500–\$4,999 per year	\$208.34 monthly minimum
Trustees Circle	\$5,000–\$9,999 per year	\$416.67 monthly minimum
Otterbein Society	\$10,000–\$18,699 per year	\$833.34 monthly minimum
Scholars Society	\$18,700 or more per year	\$1,558.34 monthly minimum

**Donor Information**

Name \_\_\_\_\_

Address (city, state, zip) \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

**Automatic Withdraw**

Your donation to the University of Indianapolis can be withdrawn directly from your checking or savings account. **You must attach a voided check for each checking account listed to validate the information.** For savings accounts, please attach account verification from your financial institution.

Financial Institution \_\_\_\_\_ I wish to donate \$ \_\_\_\_\_ per month to UIndy.

Please debit entries to my account on the (*check one*):  1st or  15th of the month

Type of Account (*check one*):  Checking  Savings Account Number \_\_\_\_\_

**Credit Card**

Visa  MasterCard  Discover  American Express Please charge my credit card \$ \_\_\_\_\_ at the end of each month as a gift to the University of Indianapolis.

Name as it appears on card \_\_\_\_\_

Credit card number \_\_\_\_\_ Card expiration date \_\_\_\_\_

**Gift Designation:**  Annual Fund  Annual Scholarships  Other \_\_\_\_\_

I hereby authorize the University of Indianapolis to withdraw from my checking/savings account and, if necessary, to make adjustments for any entries in error to my account(s) indicated above or to charge my credit card each month as outlined above. The institutions named above are authorized to make the same entries to my account(s). **This authorization will remain in effect until the University has received written notification from me of changes made to my account(s) and the University has had a reasonable time to act on it.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to Institutional Advancement, University of Indianapolis, 1400 East Hanna Avenue, Indianapolis, IN 46227

Thank you in advance for your generous support! If you have any questions please contact Andy Kocher at (317) 788-3491 or akocher@uindy.edu