

Southern Arkansas University Foundation

Monthly Giving Agreement

I wish to support the Southern Arkansas University Foundation.

Beginning _____, 20_____, I authorize a charge of \$ _____ per month to my debit/credit card or bank account for the SAU Foundation. This contribution will continue until I notify you in writing.

Pay with credit/debit card

Credit Card Number: _____

Card Issued by: Visa Mastercard Discover American Express

Expiration Date: _____ Security Code (from back of card): _____

Billing Name and Address for Card: _____

Pay with checking Account

Name of bank: _____ Routing number: _____

Name of customer account: _____ Customer account number: _____

Name (Print)

Signature

Date

My contribution is to be used for:

Academic Enrichment Endowment - name of endowment _____

Athletic Endowment - name of endowment _____

Scholarship Endowment - name of endowment _____

Other - name of fund _____

Blue and Gold Vision Capital Campaign

Please send your completed form to the SAU Foundation, P.O. Box 9174, Magnolia, AR 71754-9174.