



DONOR INFORMATION

Name _____
Address _____
City _____ State _____ Zip _____
Day Phone (_____) _____ Email Address _____

DONATION DETAILS

Frequency: Monthly Other _____ Processed on or after the 1st in the amount of \$ _____
Beginning _____ Continue my donations until my pledge of \$ _____ is satisfied.
 until I contact you.
Designate my gift for: Wesleyan Fund Other _____
 Yes! My company will match my gift. If you're not sure if your company will match your gift, consult your company's human resources department.

ACCOUNT TYPE

Name(s) on Account _____
Bank Account: Checking (enclose voided check) Savings (enclose voided deposit slip)
Credit Card: Visa MasterCard Discover
Card Number _____ Expiration Date _____

I authorize Dakota Wesleyan University to automatically charge or withdraw a recurring contribution from my account for the amount indicated above. This authorization shall remain in effect until I notify DWU in writing or by email that I wish to end this agreement, and DWU has had a reasonable opportunity to act on my instructions. I understand that the processing time to start or stop payments may take up to 30 days.

Signature _____ Date _____



Keep a completed and signed copy of this form for your records.
DAKOTA WESLEYAN UNIVERSITY
605-995-2603 • alumni@dwu.edu • www.dwu.edu/alumnivisitors/giving/waystogive

Thank you for supporting Dakota Wesleyan University. Mail this completed recurring gift form to:
Dakota Wesleyan University, 1200 W. University Ave., Mitchell, SD 57301.