



**PLEASE DESIGNATE
MY GIFT TO:**

Annual Support

- Exceptional Fund
- Where needed most
- Bible Scholarships
- Wildcat Annual Fund
- Other _____
- I would like for someone from the university to contact me.

QUESTIONS? Call Gift Records at 325-674-2612 or toll-free at 800-588-1514.

MAIL TO:
Abilene Christian University, Gift Records
ACU Box 29132
Abilene, Texas 79699-9132

MONTHLY CREDIT CARD AUTHORIZATION

Until further notice, this will authorize you to honor a draft on my account by Abilene Christian University around the 5th or 20th day of each month.

IN THE AMOUNT OF: \$84 per month (President's Circle) \$20 per month
 \$10 per month \$_____ per month

CHARGE THIS MONTHLY GIFT TO: VISA MasterCard Discover American Express

My employer, _____, will match my gift.

Name _____
AS IT APPEARS ON CARD

Credit card billing address _____

CITY STATE ZIP

Daytime phone _____ Preferred? Cell phone _____ Preferred?

Business phone _____ Preferred? Email _____

Signature _____ Date _____

Card number _____ Expiration date _____