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Gift Information

Monthly gift amount: \$ _____

Gift designation: UIndy Fund (the University's Annual Fund)

UIndy Scholarships

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Payment options: Please transfer the amount above from my checking account on or near the first of each month. I have attached a voided check to validate my account information.

If you prefer to make monthly gifts by credit or debit card, you may do so on our secure website: <http://alumni.uindy.edu/giving>. Simply click on the box that states "I would like to make scheduled payments over time" to schedule your gift.

Statement of Authorization

I hereby authorize the University of Indianapolis to initiate the recurring EFT withdrawal as noted above. I understand that the University of Indianapolis will send a receipt showing the total of all recurring gifts for the calendar year following the end of each calendar year. I may change or cancel this recurring payment by notifying the University of Indianapolis in writing. All notifications must be received by the 15th of the month in order to alter the following month's transaction. In addition, I authorize my financial institution to transfer the amount indicated above to the University of Indianapolis. Adjusting entries to correct errors are authorized also. This authorization is to remain in effect until written notification of its termination is given to the University of Indianapolis.

Signature: _____ Date: _____

Please remember to sign this form and attach a voided check.

Mail completed forms to University of Indianapolis, Office of Annual Giving, 1400 East Hanna Avenue, Indianapolis, IN 46227.

For questions, contact the Office of Annual Giving at 1-800-232-8634, ext. 2187, giving@uindy.edu, or visit <http://giving.uindy.edu>.

THANK YOU FOR YOUR SUPPORT!