

**RECURRING MONTHLY CREDIT CARD GIFT FORM**

Please print this form, fill it out, and mail to:  
Columbia University School of Social Work  
1255 Amsterdam Avenue, Suite 629  
New York, NY 10027  
Questions? Call 212-851-2368

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

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**1** I would like to pledge a total of: \$ \_\_\_\_\_ For a monthly charge of: \$ \_\_\_\_\_

- For a specified time period: Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_
- No end date

Please charge me on :  The 5<sup>th</sup> of each month  The 20<sup>th</sup> of each month

This gift is (circle one if applicable) In Honor Of / In Memory Of: \_\_\_\_\_

**2**

I would like to direct my gift to:

- Where it is needed most (07925)
- Financial Aid (16575)
- New Building Fund (04063)
- My/My Spouse's company will match my gift to CUSSW.  
Matching Gift  
Company Name \_\_\_\_\_
- CUSSW is included in my estate plan.
- Please send me more information about including CUSSW in my estate plan.

**3**

- Visa  MasterCard  American Express  Discover

Credit Card Number

Exp Date (MM/YY)

CCV #

**IMPORTANT:**

Please read and complete the following. I (we) hereby authorize Columbia University to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account each month. This authority is to remain in full force and effect until my pledge is fulfilled or until revoked by me (us) in writing. Your monthly statement(s) will read COL UNIV GIFTSYS. Payments commence immediately upon processing of this form by Columbia University. Pledges are tax deductible to the fullest extent of the law. I have read and understand the above.

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_