



THE AMERICAN COLLEGE ADVANCEMENT OFFICE
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Name _____		Soc. Sec. # _____	
Company _____		Chapter _____	
Business Address _____		Home Address _____	
City _____		City _____	
State _____	Zip _____	State _____	Zip _____
Tel # _____	Fax _____	Tel # _____	Fax _____
Email _____		Email _____	

How do you prefer to be contacted? Email Telephone Fax Mail

Yes! I accept the invitation to become a Participant of President's Circle with my gift to The American College Annual Fund. You may include my name in the *Annual Report of Gifts*.

THE AMERICAN COLLEGE ANNUAL FUND LEVELS OF GIVING

Huebner Society \$10,000* **President's Circle** \$1,500-\$4,999* **Contributor** up to \$300*

Chairman's Council \$5,000-\$9,999 **Sustainer** \$300-\$1,499*

Check enclosed \$ (Payable to **The American College**)

Charge \$ to my AmEx Discover VISA Mastercard

Acct. # Expires (mm/yy)

For subsequent **annual** gifts, please charge the same amount to the above credit card during the month of _____

Please send me a gift reminder for \$ _____ on _____ (enter date)

For ease and convenience, enroll me in the monthly *EZ Gift* or *Check-O-Matic Gift Payment Program* (Complete Enrollment Form on the reverse side)

Matching Gift Form enclosed with my gift. Send me information about the Matching Gift Program.

*** A Corporate matching Gift will count towards this Annual Fund Gift.**

A signature is required for all transactions.

Signature _____ Date _____

**THE AMERICAN COLLEGE PRE-AUTHORIZED GIFT PAYMENT PROGRAM
 EZ GIFT AND CHECK-O-MATIC ENROLLMENT FORM**

I authorize The American College to initiate periodic debit entries to the referenced account # and Financial Institution indicated here to debit the same such account and to credit the same such account only to reverse any debit erroneously posted. This authorization is to remain in full force and effect until The American College has received written notification from me of its termination in such time and in such manner as to afford The American College a reasonable opportunity to act on it.

INSTRUCTIONS

For Credit Card: Please complete all information on the right.

For Checking Account: Please **attach a voided check** with the ABA Routing/Transit & the Depositor Account numbers, as well as the Depositor Account Titles clearly visible. For both monthly programs, The American College will acknowledge and advise you when automatic debiting of your account will begin.

* *Minimum Draft Amount to qualify for President's Circle recognition is \$125.00 per month.*

** *Minimum deduction to enroll in COM is \$20.00.*

Name (please print) _____

\$ _____

Monthly Amount* _____

Credit Card (EZ Gift)

Charge my: AMEX DISC VISA MC

Acct #: Exp: (mm-yy)

Checking Account (Check-O-Matic Program)

Name of Bank / Financial Institution _____

Checking Account # _____

Signature _____ Date _____