

CAPITAL CAMPAIGN

Name: _____ Phone: _____
(Printed name)

Address: _____
(Town) (State) (Zip Code)

Email: _____

Please direct my gift to: _____
(Fund name)

Electronic Funds Transfer (EFT) from Checking or Savings Account

I desire to make an **EFT Donation** of \$ _____ from my account:

_____ Checking _____ Savings

My donation will be _____ Monthly _____ Quarterly _____ Annually

This authority will remain in effect until I have cancelled it in writing.

Please attach a **voided** check to validate the information for a checking account withdrawal.

Financial Institution _____
(Name) (City) (State)

Routing Number at Institution: _____ Account #: _____

(Signature)

(Date)

Return form to Western Colorado University Foundation, PO Box 1264, Gunnison, CO 81230