

# STONEHILL COLLEGE MONTHLY GIVING PROGRAM

## Enrollment Form

I/We would like to join the Stonehill College Monthly Giving Program.

NAME		CLASS			
SPOUSE NAME		SPOUSE CLASS			
ADDRESS		ADDRESS 2			
CITY		STATE		ZIP	
HOME PHONE		BUSINESS PHONE			
EMAIL					

### I would like my monthly gift to be:

- \$ 8.34 (yearly contribution of \$100)  
 \$20.84 (yearly contribution of \$250)  
 \$41.67 (yearly contribution of \$500)  
 \$83.34 (yearly contribution of \$1,000)  
 Other \$\_\_\_\_\_

### Please charge my credit/debit card the monthly amount indicated.

- American Express     
  MasterCard     
  VISA

ACCOUNT #			
EXP. DATE		SECURITY CODE	
SIGNATURE			
NAME ON CARD			

### Please designate my gift to:

\_\_\_\_\_

### Please read and sign below:

*I hereby authorize my bank or credit card company to charge my account each month and pay Stonehill College the amount indicated above. This authorization will remain in effect until I, Stonehill College, or my financial institution revoke it in writing.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Please mail signed form to:

**Office of Development**  
**Stonehill College**  
**320 Washington Street**  
**Easton, MA 02357-6242**