

BRYN ATHYN COLLEGE®
OF THE
NEW CHURCH

DONATION FORM

DONOR INFORMATION

Name _____

Address _____

City / State / Zip _____

Phone Number _____ Email Address _____

PAYMENT INFORMATION

One Time Donation

Included is my one-time gift of \$ _____

- check enclosed (*Make checks payable to: Bryn Athyn Collge.*)
- credit card (*Please fill out credit card information below*)

Recurring Donation

Included is information to establish my recurring gift of \$ _____ via

- bank withdrawal (*voided check enclosed*)
- credit card (*Please fill out credit card information below*)

Please charge on the 1st or 15th of the month.

Please continue this gift until: ____/____/____ (date)

Planned Giving

- I am interested in receiving information about planned giving opportunities.

CREDIT CARD INFORMATION

<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Card # _____	Exp. Date _____	Security Code _____	
Name on Card _____	Signature _____		

Return this form to: Sue Wright, Advancement Office, PO Box 708, Bryn Athyn, PA 19009