



Recurring Credit Card Gifts

Check one: Mr. Mrs. Ms. Dr.

Name _____

Address _____

City/State/Zip _____

Phone (home) _____ (work) _____

Email _____

Please charge my credit card \$_____ on the 15th of each month, for the next _____ months, for a total gift of \$_____.

Please charge my credit card \$_____ on the 15th of each month indefinitely, or until I notify the University to cancel it.

MasterCard VISA American Express Discover

Card number _____

Expiration date (required) _____

Name on card _____

Please use my gift for the following college, department, program:

If no designation is selected, the gift will be allocated to the UD Initiative Fund. Gifts to multiple designations will be split evenly.

"I intend to waive all benefits associated with my athletics gift to maximize my tax deduction." (Only applicable to Athletics gifts. Benefits may allow only 80% of your Athletics gift to be tax-deductible.)

PRINT THIS FORM AND MAIL TO:
University of Delaware
Gifts Receiving and Processing Office
83 East Main Street, 3rd Floor
Newark, DE 19716-4006
Toll-free: 866.535.4504
www.udel.edu/giving
annualgiving@udel.edu

Thank you!