

# WASHINGTON AND LEE UNIVERSITY

## RECURRING GIFT AUTHORIZATION

### Personal Information

Name \_\_\_\_\_ Class Year \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Annual Fund** for July 1, 2015 – June 30, 2016.

**Total Amount of Gift:** \$ \_\_\_\_\_

\$ _____ July	\$ _____ October	\$ _____ January	\$ _____ April
\$ _____ August	\$ _____ November	\$ _____ February	\$ _____ May
\$ _____ September	\$ _____ December	\$ _____ March	\$ _____ June

**Other Designation** \_\_\_\_\_

**Total Amount of Gift:** \$ \_\_\_\_\_

\$ _____ July	\$ _____ October	\$ _____ January	\$ _____ April
\$ _____ August	\$ _____ November	\$ _____ February	\$ _____ May
\$ _____ September	\$ _____ December	\$ _____ March	\$ _____ June

Your recurring gift will continue each fiscal year until you request to change or cancel by contacting us at

[annualfund@wlu.edu](mailto:annualfund@wlu.edu) or (540) 458-8420.

### Account Information

Please charge the gift to my credit card:

Visa     Master Card     Discover     American Express    CV2 \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

### Receipt Frequency

I would like to receive a receipt:     annually     after each transaction

Please Return To:  
ANNUAL GIVING  
Washington and Lee University  
204 W. Washington Street, Lexington, VA 24450  
(540) 458-8420 (540) 458-8428 fax