



Donation Pledge and Authorization Form

- **Donation Amount:** _____ One-time only _____ Recurring (please specify frequency)_____
- **Please indicate your donation pledge to support the following: (Please select your preference)**
 - Endowment Fund - Friends of the UCC Mural _____
 - Legacy Society _____
 - Direct Scholarship Fund _____
 - Capital Campaign Fund _____
 - Other (please specify): _____
- **Personal Information (please print):**
 - Title: _____
 - Name: _____
 - Last Name(s): _____
 - Address: _____
 - Email: _____
 - Telephone: _____
 - Fax: _____
- **Credit Card Payment Information:**

If you prefer to have the amount debited directly from your bank account (checking or savings), please proceed to the second page and fill out the corresponding payment information.

- Credit Card: ___ VISA ___ MASTER CARD
- Card number: _____
- Expiration date: _____
- Security code: _____
- Cardholder name: _____
- Cardholder address:
 - Same as above Personal Information: _____
 - Address: (other) _____

This authorization will remain in effect until I notify the UCC or the corresponding banking institution. During the month of January you will receive a certification from the UCC Office of Institutional Development indicating the amount donated the previous year, for tax purposes.

Signature (required)

Date

Please keep a copy of this form for your records



Bank Account Direct Debit Authorization Form

UCC FISCAL RESOURCES DEPARTMENT

DIRECT DEBIT AUTHORIZATION

Authorization for Direct Debit

Please fill out and return to the UCC Fiscal Resources Department.

Please fill the authorization for direct debit and return to the Fiscal Resources Department.

Nombre / Name	Número de Identificación/ ID No.
Compromiso/Pledge	Plazos/Installments _____ Importe (Amount): _____ Fecha (Date): _____

Autorizo a la UCC a debitar de mi cuenta bancaria que se indica a continuación.
 I authorize the UCC to debit the above pledge amount from my bank account stated below.

Nombre de la Institución Financiera <i>Financial Institution Name</i>	Núm. de Ruta/Routing No.
Ciudad/City	Sucursal/Branch
Número de Cuenta/Account No.	_____ Cheques/Checking _____ Ahorros/Savings

Esta autorización prevalecerá hasta tanto la UCC haya recibido una notificación por escrito de mi parte, dando de baja este acuerdo o terminen los plazos acordados. Entiendo que deberé enviar la notificación para dar de bajo el servicio 30 días antes de la fecha de efectividad.

This authorization will remain in effect until the UCC receives a written notification from me cancelling this agreement or the pledge ended. I understand that I shall submit the notification to cancel the agreement 30 days prior to the deposit's effective date.

Firma (Signature)

Fecha (Date)