



## RECURRING GIFT AUTHORIZATION

With a recurring gift, your contributions add up to make a significant impact at Camperdown Academy. Please complete this form to schedule your recurring gift.

### DONOR INFORMATION

Name(s) \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail address(es) \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

I am a ☐ Parent ☐ Grandparent ☐ Alumni ☐ Friend ☐ Staff

☐ Former Parent ☐ Former Grandparent ☐ Other (please specify): \_\_\_\_\_

### GIFT INFORMATION

I would like to give (list dollar amount you wish to give each time):

\$ \_\_\_\_\_ Annual Fund

\$ \_\_\_\_\_ Scholarship Endowment

Every (choose one): ☐ month ☐ quarter (Jan, Apr, July, Oct) ☐ year

Beginning: \_\_\_\_\_ (Start date) Until: ☐ I notify you to stop or ☐ Stop date: \_\_\_\_\_

### PAYMENT AUTHORIZATION

☐ I authorize Camperdown Academy to charge my credit card or debit card for the above amount, according to the schedule above.

☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Number \_\_\_\_\_ CCV (3- or 4-digit code) \_\_\_\_\_

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

☐ I will make a gift by check or securities according to the schedule above.

☐ I anticipate that my gifts will be matched by (specify company): \_\_\_\_\_

☐ I would like my gift to remain anonymous.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please return form to: Allison Rogers, Head of Institutional Advancement, Camperdown Academy, 65 Verdae Commons Dr., Greenville, SC 29607. Questions? Contact Allison at 864-244-8899 ext. 106 or [arogers@camperdown.org](mailto:arogers@camperdown.org).

**Thank you for your commitment to supporting Camperdown Academy with your recurring gift!**