



Electronic Funds Transfer (EFT) Authorization Form

To facilitate your donation to Salem State, we are able to deduct your gift from your credit or debit card on a periodic basis. If you would like to participate in this program, please complete this form. Your card will be processed on or near the 25th day of the month. An annual receipt will then be mailed to you in January. A notice of confirmation will be sent upon enrollment in this program. For security purposes, please do not email this form to us. **Please fax it to 978.542.6952 or mail to the Advancement Services, 352 Lafayette Street, Salem MA. 01970.**

Questions? Contact Joanna Shellenberger at 978.542.2594.

I authorize Salem State University Foundation, Inc. to charge my debit/credit card account as indicated below:

Donor(s) Name (Please Print)/ class year

Donor(s) Signature

Donor(s) Address

Donor(s) Address

Donor(s) Phone Number

Donor(s) Email Address

Today's Date

Foundation Staff Agent Receiving Donor Authorization (Please Print)

Gift Designation:

☐ Unrestricted

☐ Restricted

Please select one of the following programs:

☐ A recurring gift of \$_____ paid indefinitely

☐ A pledge of \$_____ in installments of \$_____

Select the frequency of your donation:

☐ Monthly

☐ Quarterly*

☐ Annually**

*Quarterly donations are processed in January, April, July and October.

**Annual donations are processed at time of enrollment in program, then the same date annually thereafter.

Select your Debit/ Credit Card Type: ☐ MasterCard ☐ Visa ☐ American Express

Card Number: _____

Exp. Date _____

Thank you for your generous support of Salem State University!