Tabor College Contribution Form

This form may be sent by U.S. Postal Service mail or fax to:

Tabor College Office of Advancement • 400 South Jefferson • Hillsboro, Kansas 67063-1799 Fax: 620-947-2607 • Phone: 620-947-3121 Ext 1701 • tcdonors@tabor.edu

Printed Name(s)		
Address	City	State Zip
Phone	<mark>E-mail</mark>	

Apply This Gift To (please mark a box):

Tabor Fund (TFND) Tabor Scholarship Fund (TSFD) Scholarship Gift (SCHL)

□ Other Restricted or Endowment Fund(s) (provide specific designations on the line below)

Gift Option 1: Credit Card

Single Gift Amount \$				
Recurring Monthly Gift Amount \$ Beginning Month/Day/Y	/ear//			
You May Charge My: 🗆 Visa 🛛 MasterCard 🗇 Discover 🖓 American Express				
Card Number	Expiration Date (Mo.) / (Yr.)			
Verification Number (security code of a 3 or 4-digit number typically found on the back of the card)				

Gift Option 2: Electronic Funds Transfer (EFT) – Monthly Withdrawals From Checking Or Savings

I (we) hereby authorize the Tabor College, Hillsboro, Kansas, to initiate automatic withdrawals on behalf of the College from the account indicated below and authorize the Financial Institution also named below to honor such withdrawals. I (we) acknowledge that the origination of ACH (Automated Clearing House) transactions to my (our) account must comply with the provisions of the U.S. law.

Name of Financial Institution (Your Bank)			
Address	City	State	Zip
Routing Number	Account Number		
Recurring Monthly Withdrawal Amount \$	Beginning Month/Day/Year	_//	
	(Choose a date from the 1 st through the 28 th of the mo.)		

Type of Account:
Checking
Savings

Please provide a copy of a voided check or deposit slip with this form if you choose the EFT option.

This agreement is to remain in effect until Tabor College, Attn: Donor Account Manager, 400 S Jefferson St, Hillsboro Kansas 67063, has received written notice from the donor requesting termination of these instructions.

Only one signature is required unless the account requires multiple signatures.

Signature_____

Signature_____

Upon receipt of this form by Tabor College, a photocopy will be returned to you as a confirmation of this transaction.