

AUTOMATED GIVING FORM

Use this form to set up your automated gift to Thomas More University by using your credit card, debit card, checking account or savings account.

Designation	
☐ The Fund for Thomas More University	□ Other
Payment Information	
I would like to make a recurring gift of \$	\square per month \square per quarter \square per year
Starting Date	
☐ Please use my Credit Card or Debit Card	
□ Visa □ MasterCard □ American Express □ Discover	
Card Number	Exp. Date
CVS CodeName on card	
Signature	Date
□ Please use my checking or savings account (please Account # Routing #	·
Matching Gifts	
☐ My gift will be matched by (please specify company)	
Donor Information	
Name	Spouse Name
Address	CityStateZip
Telephone	Mail: Thomas More University
Email	Office of Institutional Advancement
Alumnus/a □ Yes □ No	333 Thomas More Parkway Crestview Hills, KY 41017 Fax: 859-344-3613
Class Year	Email: advancement@thomasmore.edu Ouestions? Call 859-344-3344