

## OFFICE OF INSTITUTIONAL ADVANCEMENT

7 Columbia Circle, Albany, NY 12203-5159 Toll Free: 888.647.2388 ext. 145  $\mid$  Fax: 518.464.8777

WWW.EXCELSIOR.EDU



## **Sustainers Program Pledge Form**

YES! I want to support Excelsior College and become a member of the Sustainers Program.

The way the program works is simple. Sustainers Program members agree to make a monthly contribution. Your pledge—in whatever amount you choose—is charged to a credit card or withdrawn from a bank account of your choice. This is done safely and securely through electronic transfer of funds (automatic deduction) by credit card or from your bank account.

Name:	
Address:	
City: State: Zip:	
Phone: Email:	
Amount of monthly deduction: \$	
Please designate my gift to:	
Associate Degree in Nursing Scholarship Fund	Examination Scholarship Fund
☐ Faculty Development Fund	Lt Col Bryant A. Murray Veterans Center Fund
☐ Military Spouse Scholarship Fund	☐ Unrestricted
	ows Annual Campaign donors of \$500 or more in a given fiscal rate an important event through the one-time named award of
Electronic Funds Transfer Account Information	
Please specify: Credit Card Bank Account	
Please deduct my payment on the:  1st of the month	☐ 15 <sup>th</sup> of the month
My company will match my gift. Company name:	
Credit Card Information: Uisa MasterCard	American Express Discover
Card Number:	Expiration Date:
Bank Account Automatic Withdrawal Information:	
Bank Routing Number:	Account Number:
I authorize Excelsior College to process credit card/debit ent give reasonable notification to terminate this authorization (	tries from my account. This authority will remain in effect until I minimum 30 days) or until a specified date.
Signature:	Signature Date:
Some sugge	ested gift levels:
\$1,200 per year = \$100 per month	\$365 per year (a dollar a day) = \$30.41 per month
\$1,000 per year (Provost's Circle level) = \$83.33 per mor	nth \$120 per year = \$10 per month
\$500 per year (Ever Unward Scholarship) = \$41.66 per m	onth