



Inspired and guided by Gospel teachings and the principles and charisms of the Marists, Notre Dame Academy focuses on Christ as the foundation of human knowledge and prayerfully works to educate the developing child with a global perspective. "Knowledge set in the context of faith becomes wisdom and life vision."

## AUTOMATIC MONTHLY WITHDRAWAL/CHARGE FOR ANNUAL FUND

This form is used for authorizing Notre Dame Academy to withdraw donations directly from a donor's credit/debit card each month.

As a 501(c)(3) organization (Tax ID 84-1657624) all donations to Notre Dame Academy are tax-deductible.

Please mail the completed form to Notre Dame Academy, Advancement Office, 4635 River Green Parkway, Duluth, GA 30096

### A. UNRESTRICTED GIFT DESIGNATION

Annual Fund \$ \_\_\_\_\_ per month  
Naming Opportunity \$ \_\_\_\_\_ per month  
In memory of \_\_\_\_\_ \$ \_\_\_\_\_ per month  
In honor of \_\_\_\_\_ \$ \_\_\_\_\_ per month

**TOTAL MONTHLY WITHDRAWAL** \$ \_\_\_\_\_ per month

Withdrawal beginning (mm/yy) \_\_\_\_\_ and ending (mm/yy) \_\_\_\_\_

### B. AUTHORIZATION FOR AUTOMATIC MONTHLY WITHDRAWAL/CHARGE

Credit Card:            Mastercard            Visa            American Express            Discover

Name on card \_\_\_\_\_

Card No. \_\_\_\_\_

Expiration Date (mm/yy) \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

### C. PERSONAL INFORMATION

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Billing address if different from above:* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Instructions (if any): \_\_\_\_\_

I hereby authorize Notre Dame Academy to initiate automatic withdrawal from my credit/debit card each month. This authorization is to remain in effect until the date above or until it is revoked by me in writing.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_