

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

In memory of	In memory of sper month sper mont	Annual Fund		\$ per m	onth	
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 Discove  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:	S	Naming Opportunity				
### Special Instructions (if any):  Withdrawal beginning (mm/yy) and ending (mm/yy)  and ending (mm/yy)  and ending (mm/yy)	Security Code   C. PERSONAL INFORMATION   State:   Zip:   State:   Zip:   State:   Zip:   State:   Zip:   State:   Zip:   State:   Zip:   Special Instructions (if any):   Phone:   Special Instructions (if any):   Ihereby authorize Notre Dame Academy to initiate automatic withdrawal from my credit/debit card each mauthorization is to remain in effect until the date above or until it is revoked by me in writing.	In memory of				
B. AUTHORIZATION FOR AUTOMATIC MONTHLY WITHDRAWAL/CHARGE  Credit Card: Mastercard Visa American Express Discove  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 m	B. AUTHORIZATION FOR AUTOMATIC MONTHLY WITHDRAWAL/CHARGE  Credit Card: Mastercard Visa American Express Discove  Name on card  Card No.  Expiration Date (mm/yy)  Security Code:  C. PERSONAL INFORMATION  Name (please print):  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 mauthorization is to remain in effect until the date above or until it is revoked by me in writing.			ψ þei iii	OHUI	
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 make the control of the card each make the card ea	B. AUTHORIZATION FOR AUTOMATIC MONTHLY WITHDRAWAL/CHARGE  Credit Card: Mastercard Visa American Express Discover  Name on card	TOTAL MONTHLY WITHDRAW	AL	•		
Credit Card: Mastercard Visa American Express Discove  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 make the content of the card each make	Credit Card: Mastercard Visa American Express Discove  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):	Withdrawal beginning (mm/yy)				
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 make the content of the content of the card each make the card and the card each make the card	Name on card  Card No  Expiration Date (mm/yy) Security Code:  Billing Zip Code  C. PERSONAL INFORMATION  Name (please print):  Address:  City: State: Zip:  Ellling address if different from above:  Email: Phone:  Special Instructions (if any):  I hereby authorize Notre Dame Academy to initiate automatic withdrawal from my credit/debit card each mauthorization is to remain in effect until the date above or until it is revoked by me in writing.	B. AUTHORIZATION FOR AUTO	MATIC MONTHLY WITH	IDRAWAL/CHARGE	·	
Card No	Expiration Date (mm/yy) Security Code:	Credit Card: Masterca	ard Visa	American Express	Discove	
Expiration Date (mm/yy)	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 mauthorization is to remain in effect until the date above or until it is revoked by me in writing.	Name on card				
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 m	C. PERSONAL INFORMATION  Name (please print):	Card No				
C. PERSONAL INFORMATION  Name (please print):	C. PERSONAL INFORMATION  Name (please print):	Expiration Date (mm/yy)	Security Code:			
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 m	Name (please print):	Billing Zip Code				
Address: State: Zip: Billing address if different from above: City: State: Zip: Phone: State: Zip:	Address: State: Zip: Billing address if different from above: City: State: Zip: Phone: State: Zip: Phone: Special Instructions (if any): Phone: Special Instructions (if any): S	C. PERSONAL INFORMATION				
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 materials.	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 mauthorization is to remain in effect until the date above or until it is revoked by me in writing.	Name (please print):				
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 materials.	Billing address if different from above:	Address:				
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 material contents.	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 mauthorization is to remain in effect until the date above or until it is revoked by me in writing.	City: Sta	te:Zip:			
Email: Phone:  Special Instructions (if any):  I hereby authorize Notre Dame Academy to initiate automatic withdrawal from my credit/debit card each m	Email: Phone:  Special Instructions (if any):  I hereby authorize Notre Dame Academy to initiate automatic withdrawal from my credit/debit card each mathematication is to remain in effect until the date above or until it is revoked by me in writing.	Billing address if different from all	oove:			
Special Instructions (if any):  I hereby authorize Notre Dame Academy to initiate automatic withdrawal from my credit/debit card each m	Special Instructions (if any):	City: Sta	te:Zip:			
I hereby authorize Notre Dame Academy to initiate automatic withdrawal from my credit/debit card each m	hereby authorize Notre Dame Academy to initiate automatic withdrawal from my credit/debit card each mauthorization is to remain in effect until the date above or until it is revoked by me in writing.	Email:	Pł	none:		
	authorization is to remain in effect until the date above or until it is revoked by me in writing.	Special Instructions (if any):				
authorization is to remain in effect until the date above or until it is revoked by me in writing.						
	Name of the State	authorization is to remain in effec	t until the date above or u	ntil it is revoked by me in writing	<b>J</b> .	