



EFT (Electronic Funds Transfer) AUTHORIZATION FORM

Yes, I would like to make a sustainable membership payment to the ASU Alumni Association.

Monthly Contribution:

\$ _____ (\$5 minimum)

Begin Monthly Deduction effective:

_____ / _____
Month Year

Please indicate your desired membership level by checking the correct category in the box to the right.

- Please waive any promotional benefits in favor of a 100% tax deduction.**
- Please do not publish my contribution.**

✓	PLEASE CHECK CATEGORY	
	DIAMOND CENTURY CLUB	\$1,500+ <small>(\$1230 tax-deductible)</small>
	PLATINUM CENTURY CLUB	\$1,000 - \$1,499 <small>(\$880 tax-deductible)</small>
	GOLDEN CENTURY CLUB	\$500 - \$999 <small>(\$480 tax-deductible)</small>
	SILVER CENTURY CLUB	\$200 - \$499 <small>(\$180 tax-deductible)</small>
	T-shirt Size(s): <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2XL	
	CENTURY CLUB	\$100 - \$199 <small>(\$75 tax-deductible)</small>
	T-shirt Size(s): <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2XL	
	LOYALTY	\$50 <small>(100% tax-deductible)</small>
	ACCESS ASU SILVER CENTURY CLUB P. E. & LAKE FACILITIES ACCESS (FAMILY)	\$400 <small>(\$335 tax-deductible)</small>
	T-shirt Size(s): <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2XL	
	ACCESS ASU CENTURY CLUB P. E. & LAKE FACILITIES ACCESS (INDIVIDUAL)	\$200 <small>(\$172 tax-deductible)</small>
	T-shirt Size(s): <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2XL	

With EFT, your annual membership to the ASU Alumni Association will be spread over 12 monthly payments. By completing this form, you authorize the ASU Alumni Association to instruct your financial institution to make gift payments from the account of your choice.

- 1) Complete this authorization form for withdrawal from your account.
- 2) **Attach a voided check or pre-printed deposit slip.**
- 3) Return to the address listed below.

The amount you specify will be deducted from your account around the 15th day of each month. You will see the deducted amount on your bank account statement. Upon year's end, EFT will automatically renew your membership for the next year and the deductions will continue until you choose to cancel or change the amount of your monthly gift.

Name _____

*ASU Class Year _____ * Birth Date _____

Spouse Name _____

Spouse's ASU Class Year _____ * Birth Date _____

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____

E-mail address _____

Employer _____

Occupation Title _____

My employer is a Matching Gift Company. I've enclosed the Matching Funds Form.

Electronic Funds Statement of Authorization

I authorize my financial institution to transfer the amount indicated from the stated account to the Angelo State University Alumni Association. This authorization shall remain in effect until I notify, in writing, the ASU Alumni Association that I wish to discontinue the regularly scheduled transfer of funds. A record of each charge will be included in my regular bank statement. I understand that I need to save my bank statement for tax documentation.

Signature Required

Date

Members of the Century Club and above are recognized in each issue of the *Angelo State University Magazine* and online at angelostatealumni.com.

Please recognize me (and my spouse) as _____.

Comments _____

Please keep a copy of this form for your records. **RETURN COMPLETED FORM AND VOIDED CHECK OR PREPRINTED DEPOSIT SLIP SEND TO OR FAX/EMAIL.**

ASU Alumni Association
ASU Station 11049
San Angelo, TX 76909-1049

For more information, please contact the ASU Alumni Association by phone at 325-942-2122, by fax 325-942-2373 or by e-mail at alumni@angelo.edu.