



**Bethel College
Gift Commitment
Personal Information**

Name(s) _____ Class Year(s) _____
 Address _____
 City _____ State _____ Zip Code _____
 Telephone _____ E-mail _____

The Yearly Impact of a Monthly Gift Commitment

Monthly Gift	Yearly Impact
\$25	\$300
\$50	\$600
\$75	\$900
\$100	\$1,200
\$425	\$5,100

Leader's Club: \$500 and up
President's Club: \$1,000 and up
President's Circle: \$5,000 and up to the Bethel College Fund

Gift Commitment

I/We wish to give a gift of: \$25 \$50 \$75 \$100 \$425 Other \$ _____

Please use this gift for:
 Bethel College Fund
 Other _____

Giving Schedule

Payment as follows:
 *Credit Cards are run on the 13th of the month

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Donation by Credit Card

Please charge this donation to the following credit card:
 MasterCard VISA Discover American Express

Card Number _____ Exp. Date _____ Security Code** _____

**3-digit code on back of card, usually following credit card number also printed on back

Name on Card _____

I, the undersigned, give the Development Office authorization to charge my credit card in U.S. funds as indicated above.

Signature _____ Date _____