



Monthly Gift Commitment

Personal Information

Name(s) _____ Class Year(s) _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ E-mail _____

The Yearly Impact of a Monthly Gift

Monthly Gift	Yearly Impact
\$25	\$300
\$50	\$600
\$85*	\$1,020*

*President's Club member

Monthly Gift Commitment

I/We wish to give a monthly gift of: \$25 \$50 \$85 Other \$ _____

Please use this gift for:

- Bethel College Fund
- Other _____

Giving Schedule

Credit/Debit cards are processed on the 13th of each month.

Credit Card Information

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

Card Number _____ Exp. Date _____

Name on Card _____

I, the undersigned, give the Development Office authorization to charge my credit card in U.S. funds as indicated above. This authorization will remain in effect until I give notification to terminate within ten (10) days of the next scheduled withdrawal.

Signature _____ Date _____

****To set up an ACH withdrawal, please contact the Development Office @ 316-284-5250****