St. Bede Abbey and Academy Recurring Giving Program Recurring Gift Form (ACH or Credit Card)

DONOR INFORMATION					
Name	Email Address				
Address	City Home Telephone #				State
					Cellphone #
GIFT DESIGNATION (PLEASE CI	RCLE)				
Saint Bede Annual Fund	Legacy	Project	Other		
PLEASE SELECT INSTALLMENT	ГҮРЕ				
1) Monthly (Withdrawal/charge o Starting: Mo/Year Or Continuous (I will n	Ending	g: Mo/Year			
PAYMENT BY CREDIT CARD					
Please charge my credit card:	VISA	MASTER	CARD	DISCOVER	
Card Number	Exp. Date CVV (3 digit or 4 digit				(3 digit or 4 digit code)
Name as it appears on the card (p	lease print)				
Signature					
PAYMENT BY BANK ACCOUNT	WITHDRAW	AL (Please attach a	a voided check 8	specify account ir	nformation)
Financial Institution Name					
Financial Institution Address					
Donor's Account # Checking Savings	Financial Institution's Routing #				
STATEMENT OF AUTHORIZATION	ON				
I (We) authorize St. Bede to initiat I (We) further authorize St. Bede a account. This authority is to remain otification from me (us) of the refinancial institution a reasonable onotification to SBA and the financial institution a reasonable opportuning	and the financi in in full force evocation of su opportunity to ial institution i	ial institution r and effect unt uch authority in act on it. I (W in such time ar	named abov il SBA and the n such time 'e) have the nd in such m	e to debit or on the financial in and in such m right to stop panner as to a	stitution receive written nanner as to afford SBA and the payment of a debit entry by
Signature(s)	Date				

Please mail or scan and email your completed form along with a voided check or credit card information to: Julia Yaklich, St. Bede Abbey and Academy, 24 W. US Hwy 6, Peru, IL 61354 or email: jyaklich@st-bede.com

Please contact Julia Yaklich, Director of Advancement at jyaklich@st-bede.com of 815-250-359 with any questions.