

IMSA Fund EFT Authorization Form

Yes, I want to save time and money in supporting IMSA and the IMSA Fund for Advancement of Education through my EFT contribution.

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____

Email _____

☐ Alumnus/a Class of: _____

☐ Current of Former IMSA Employee

☐ Parent of: _____

☐ Other: _____

I authorize the IMSA Fund for Advancement of Education to deduct from my

☐ Checking ☐ Savings account until further notice as follows (enter one figure):

\$ _____ monthly (\$5 minimum)

I designate that my gift be used for:

☐ Greatest Need (IMSA/IMSA Fund)

☐ Other – visit www.imsa.edu/giving for a complete list of other giving options:

☐ My company, _____, will match my gift. I enclose my employer's matching gift form indicating the total amount of my gift.

You must attach a voided check for identification of your bank and account numbers

Signature _____

Date Authorized _____

Please complete this form and mail it to:

IMSA Fund for Advancement of Education
1500 W. Sullivan Road
Aurora, IL 60506

If you have any questions, please contact us at (630) 907-5040 or giving@imsa.edu.

For Your Information

Your gifts will appear on your bank statement automatically. Transactions will take place on the 25th of each month unless you let us know an alternate specific if advance. You will also receive a gift receipt at year-end from the IMSA Fund for your tax purposes.

To change the amount of your gift, please complete a new EFT Authorization Form. A change of banks requires a new voided check for bank and account identification. Contact us to cancel your authorization.

