

BANK DRAFT AUTHORIZATION

BIOGRAPHICAL INFORMATION

Print Form

Name:

Alumni/Class Parent Friend Business

Address (line 1):

Address (line 2):

Address (line 3):

City, State:

Zip/Postal Code:

Home Phone (with area code):

Home E-mail:

Company:

Job Title:

Business Phone (with area code):

Business E-mail:



It's your world.

Please print this form, attach a voided check, and mail to:

Wofford College
Office of Advancement
429 North Church Street
Spartanburg, SC 29303
Phone: 864-597-4200
Fax: 864-597-4219

Please note: The Wofford gift year runs January 1 through December 31. Your bank draft will continue each month unless Wofford is notified to discontinue it.

BANK DRAFT INFORMATION

I. Draft Amount and Designation:

Please draft: /month on the 4th or 19th of each month

Month in which my draft should begin:

II. Designation

The Wofford Fund: Area of Greatest Need
The Wofford Fund: Faculty & Staff Development
The Wofford Fund: Library & Technology
Other

The Wofford Fund: Scholarship Support
The Wofford Fund: Student Experiences
Terrier Club

Other Fund:

III. Bank Information

Bank Name:

Bank Address:

City:

State:

Zip:

Account Number:

(Please attach a voided check. Do not attach a deposit slip.)

SIGNATURE: _____

Date: