

BANK DRAFT AUTHORIZATION

BIOGRAPHICAL INFORMATION

Print Form

Name:

Date of Birth:

Alumni/Class

Parent

Friend

Business



Address (line 1):

Address (line 2):

Address (line 3):

City, State:

Zip/Postal Code:

Preferred Phone (with area code):

Preferred E-mail:

Employer:

Job Title:

Alternate Phone (with area code):

Alternate E-mail:

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

Wofford College
Office of Development
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: _____ on the _____ day of each month

Month in which my draft should begin:

II. Designation

Unrestricted Annual Fund

Terrier Club

Please split my

Friends of the Library

Other

draft between

multiple funds

(include split amounts for each):

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: