

MIDDLE TENNESSEE STATE UNIVERSITY

Foundation and Development AUTOMATIC CREDIT CARD FORM

Please check one

_____ **Option 1:** I authorize MTSU to charge to my credit card \$_____ ; a one time donation only.

_____ **Option 2:** I authorize MTSU to charge to my credit card \$_____ each month for _____ months.
Donations will be charged the last week of each month.

_____ **Option 3:** I authorize MTSU to charge to my credit card \$_____ each month indefinitely/until
notified. Donations will be charged the last week of each month.

*Your donation can be stopped at anytime by writing the MTSU Development Office
at the address listed below.*

Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Evening Phone: _____

Gift Designation: _____

Card Type: (check one) VISA_____ MASTERCARD_____ American Express_____

Card Number: _____

Name Listed On Credit Card: _____

Expiration date: _____

Signature: _____ Date: _____

Please return completed form to:

MTSU Foundation & Development Office
P.O. Box 109
Murfreesboro, TN 37132