



Yes, I want to give to Transylvania Monthly through bank draft!

Name(s) _____ Class Year _____

Cell Phone Number _____ Home Phone _____

Email _____

Address _____

City _____ State _____ Zip Code _____

Signature _____

(Required for account transfers and credit card charges)

_____ Automatically transfer \$_____ from my bank account each month

- Please attach a voided check for a one-time setup of your transfer.
- Transfers will occur at the end of each month and will continue until we receive written notification of your desire to cancel. Please allow 30 days for cancellation.

Bank Name _____ Address _____

Please mail completed form to:

Alumni and Development Office
Attn: Billie Hickey
300 North Broadway
Lexington, KY 40508

If you prefer to email a copy please send to:

giving@transy.edu

THANK YOU for supporting Transylvania University!