



**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: Bill Sallee  
300 North Broadway  
Lexington, KY 40508

If you prefer to email a copy please send to:

[giving@transy.edu](mailto:giving@transy.edu)

**THANK YOU** for supporting Transylvania University!

Questions?  
Contact Bill Sallee at  
800-487-2679 or [giving@transy.edu](mailto:giving@transy.edu)

Gift recorded in the development office