

Newman Center Founders Club Commitment Form

CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

UI Alumna/Alumnus: Yes No Graduation Yr: _____ Email: _____

1. GIFT COMMITMENT INFORMATION

*I/we the undersigned wish to be member(s) of the Founders Club of the Newman Catholic Student Center, Iowa City, Iowa and have qualified for Founders Club recognition due to my/our cumulative total of giving of \$5,000.00 or more. To fulfill my/our commitment for Founders Club annual recognition, I/we will make an annual gift of \$1,000 or more to the Newman Center with a **minimum of \$250.00 of the annual gift designated to the Annual Fund to assist the Newman Center with operating expenses.** The remaining \$750.00 or more is designated to the area(s) as indicated in the section below:*

Annual Commitment of \$ _____ to be paid as follows by: **Check** **Credit Card** **Direct Debit** (monthly installments only.)
(see reverse side for credit/debit authorization forms)

To be paid as follows:

- Annual payment in the full amount of \$ _____ in _____ (month) of each year.
- Quarterly payments of \$ _____ beginning in _____ (month/year).
- Monthly payments of \$ _____, beginning on _____ (date).

Reminders will be mailed for annual or quarterly payment schedules. If you would prefer to receive reminders via e-mail, please provide your e-mail address: _____

Signature: _____
Signature to authorize gift commitment Date

2. CHOOSE THE AREA(S) OF SUPPORT

Please distribute my annual gift commitment to support the following area(s) in the amount(s) indicated below:

<u>Amount</u>	<u>Fund</u>
\$ _____	Annual Fund (A primary resource for the Center's Operating budget.) (Minimum of \$250)
\$ _____	Outreach and Education Fund (Provides resources to expand our student outreach & education efforts.)
\$ _____	Fellowships/Scholarships Endowment Fund (Provides stipends for students to support the growth of Catholic ministries & enrichment of Catholic studies.)
\$ _____	Louise Wolf-Novak Social Justice & Service Endowment Fund (Provides an annual stipend for a Newman Center Social Justice Fellow, enhances social justice and service programming and provides funds for educational speakers)
\$ _____	Dr. Nicholas & Helen Rossi Center for Faith & Culture (Provides annual funding for educational speakers)
\$ _____	Music Ministries (Provides financial support for our Music Ministries, including the Newman Singers.)
\$ _____	FOCUS/EC (Evangelization and discipleship programming/student relationship building)
\$ _____	TOTAL ANNUAL FOUNDERS CLUB GIFT COMMITMENT

Please note—if choosing quarterly or monthly installments, individual installment amounts must be the same throughout the year.

3. GIFT RECOGNITION

We hope you will permit us to list your name(s) on our Founders Club plaque located at the Newman Center.

Please list my/our name(s) on the Founders Club plaque as follows:

I/we wish to remain anonymous; please do not include my/our name in any list of donors.

I/we would like to designate this gift in memory of, in honor of:

Authorization for Monthly Credit Card or Direct Debit (ACH) Contributions

Return to: Newman Center, 104 East Jefferson Street, Iowa City, IA 52245 or Fax 319-337-6858

1. AUTHORIZED BY

Name: _____
(include both names if joint bank account)

Address: _____
(as filed with your financial institution)

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-Mail _____

2. GIFT INFORMATION

In consideration of my/our interest in the Newman Catholic Student Center at The University of Iowa and in support of its mission, I/we wish to fulfill our Founders Club annual commitment through automatic payments as indicated below and as designated in the Areas of Support Section on the Founders Club Commitment Form. (See reverse side.) For monthly payments, you may choose either Option 1 or 2. For Quarterly or Annual payment options, you must choose Option 2. Place check mark in appropriate box below:

Option 1 – Direct Debit Option 2 – Credit Card

3. OPTION 1: DIRECT DEBIT (ACH/EFT) Authorization

Choose date for monthly debit: 1st or 15th

I/We hereby authorize the Newman Catholic Student Center of Iowa City, Iowa (hereinafter called the Newman Center) and/or Newman Singers Ministries, Inc. (hereinafter called the Newman Singers) to initiate monthly Debit entries to my/our account indicated below and the Depository financial institution named below, hereinafter called Depository, and to credit the same to the Newman Center and/or Newman Singers account(s) as indicated on this commitment form. I/we acknowledge that the origination of electronic funds transactions to my/our account must comply with provisions of U.S. law. This authority is to remain in full force and effect until the Newman Center has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Newman Center and Depository a reasonable opportunity to act on it.

Name(s) of Account Holder(s): _____

Depository Name (Name of Bank): _____

City: _____ State: _____ Zip _____

Routing/Transit # (9 digits) _____

Account Number: _____ Checking Savings

Account Holder(s) Signature(s) (Required) _____
(Include both signatures if joint account)

Date _____

ATTACH A VOIDED CHECK OR DEPOSIT SLIP

OR OPTION 2: CREDIT CARD AUTHORIZATION

Your credit card will be charged on the 1st of each month.

Name on Card: _____

Card type (check one): Visa MasterCard American Express Discover Diners Club

Credit Card #: _____ - _____ - _____ - _____

Expiration Date (MM/YYYY): _____ / _____ Authorization Code (usually 3 digits on back) _____

I understand that each transaction will appear on my regular credit card statement showing the name "Newman, Iowa City". I further understand that this agreement will remain in effect until I notify the Newman Center that I wish to change or suspend it, and the Newman Center has a reasonable amount of time to fulfill my request.

Cardholder Signature (Required) _____

Date _____

Thank you for your support!