



Monthly Giving Authorization

Personal Information

Name (please match name on account) _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____ Spouse _____

I understand and agree that my bank or credit card company is responsible for the accurate and timely posting of my EFT contributions or credit card gifts. If an error should occur, I will work directly with Oakland School's Development Office to correct the problem.

Signature _____ Date _____

Gift Details

Monthly Gift Amount \$ _____

Transaction Date (choose one below):

- 1st of the month
- 15th of the month

Gift Designation (choose one below):

- Access Program
- Athletic Boosters
- Arts Patrons
- Other

Via Electronic Funds Transfer (EFT) From a Bank Account

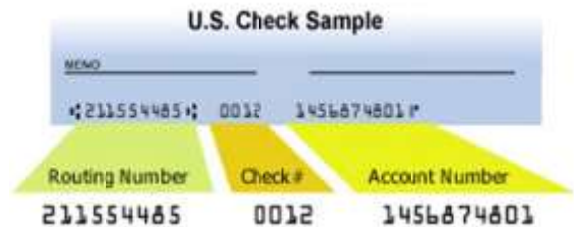
Bank Name _____ Bank Phone _____

Bank Address _____

ABA/Routing Number _____

Please transfer my gift from my (choose option below):

- Checking Account
Checking Acct. # _____
(Please staple voided check)
- Savings Account
Savings Acct. # _____
(Please staple voided deposit slip)



Via Credit Card

Credit Card: Visa MasterCard Discover American Express

Credit Card Number: _____ Exp. Date: _____ CSV Code: _____

Please Mail To: Oakland Christian School
Development Office
3075 Shimmons Road
Auburn Hills, MI 48326

Email To: development@oaklandchristian.com
Phone: (248) 373.2700