

**MISSISSIPPI COLLEGE WANTS TO MAKE GIVING DONATIONS  
EASIER.**

**How would you like to help Mississippi College on a monthly basis?**

**How would you like to have fewer checks each month to worry about?**

**Sound interesting?**

With automated contributions, Mississippi College can make giving simple and easy. Using this service, you can support Mississippi College automatically through your financial institution without ever writing a check. If you forget to send in your gift, no problem! Your support is received. No more worries for you and you help the school raise much needed funds as well increase the number of alumni that give. It's great! Automatic giving is the most convenient way to give your financial support to Mississippi College.

Mississippi College will debit your bank account on or around the \_\_\_\_\_ of each month. It's just that simple. Your monthly gifts make a big difference and Mississippi College greatly appreciates your support.

To learn more about this service, please call the Office of Advancement, or to enroll, simply complete the bottom enrollment card, detach, and mail it to the address below along with a voided check.

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**MISSISSIPPI COLLEGE AUTHORIZATION AGREEMENT FOR AUTOMATIC CONTRIBUTIONS**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(As it appears on financial institution records)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

FINANCIAL INSTITUTION NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA #: \_\_\_\_\_ CHECKING ACCOUNT#: \_\_\_\_\_

I hereby authorize the Financial Institution named above to pay my contributions by charging each contribution of \$\_\_\_\_\_ to my account on the \_\_\_\_\_ of each month and to make that deduction payable to the order of MISSISSIPPI COLLEGE. I agree that each contribution will be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and MISSISSIPPI COLLEGE reserve the right to terminate this contribution plan (or my participation therein).

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NOTE: Please return this completed authorization form and a VOIDED check on your account to:

MISSISSIPPI COLLEGE  
Office of Advancement  
Box 4005  
Clinton, MS 39058