

SUSTAINED GIVING DONATION AUTHORIZATION FORM

AMERICAN MATHEMATICAL ASSOCIATION OF TWO-YEAR COLLEGES

FO	R OFFICE USE ONLY	ENVELOPE/DONOR #		DATE	
Effective date of authorization:					
Type of Authorization: New Authorization Change donation date				Change donation amountDiscontinue automated donation	
Last Name			First Name	First Name	
Address					
City			State	Zip	
DATE OF DONATION : FREQUENCY OF DONATION: (check only one)		AMOUNT PER	AMOUNT PER DONATION:		
		 □ Monthly on the 1st □ Monthly on the 15th □ Monthly on the □ Quarterly (3/30, 6/30, 9/30, 12/30) □ Annually (12/01) 	□ \$100 □ \$50 □ \$25 □ \$10 □ Other		
FUNDING OPPORTUNITIES		be applied as follows: AMATYC Project ACCCESS Developmental Mathematics Grants Research in Mathematics Unspecified (General Developm Long-term Endowment Fund	\$ \$ \$ nent) \$		
CREDIT CARD	Please charge my donation	n to my (check one): Visa	MasterCard	Discover Amex	
	Credit Card Number:		Expi	ration Date:	
	Name on Card:		CV	CV Code:	
	Billing Address (if different from above):				
	I authorize AMATYC to charge my credit card in accordance with the frequency and amount per donation indicated above.				
	Signature (as it appears on the credit card):			Date:	