



H A M P S H I R E C O L L E G E

Monthly Credit Card Donation

I, _____, authorize the Office of Institutional Advancement at
(print name clearly)

Hampshire College to charge \$_____ to the credit card below on the 15th of

each month. I would like these charges to continue until I notify Hampshire College

or until ____ / ____.
(mm/yy)

Name on Card:	_____
Card Type:	_____
Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Exp. Date (mm/yy):	____ / ____

I would like this gift applied to the Hampshire Fund to address Hampshire's most urgent needs. (Or, if gift will be designated to a specific fund, please indicate below):

Signature

Date

Please send your completed form to:

*Hampshire College
Office of Institutional Advancement
893 West St
Amherst, MA 01002*

Or fax to:

413-559-6054