

CREDIT CARD MULTIPLE PAYMENTS PROGRAM

To facilitate your pledge payments to the University of Hartford, we are able to deduct your gift from your credit or debit card on a periodic basis. If you would like to participate in this program, please complete this form. Your card will be processed on or near the 15th of each month. A receipt will then be mailed to you.

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Gift Designation: _____

Please deduct a total of \$ _____ (minimum of \$10.00 per month) to be paid over the next _____ month(s) or _____ year(s) beginning on _____ from my credit/debit card.

Subsequent payments to be deducted on the following months:

January:	May:	September:
February:	June:	October:
March:	July:	November:
April:	August:	December:

Credit/Debit Card (circle one):

American Express

Discover

MasterCard

Visa

Card Number: _____

Expiration Date: _____ / _____

Signature: _____

Thank you for your support of the University of Hartford!

Please contact the University of Hartford if you have any questions regarding this program at (860) 768-2439 or waldo@hartford.edu.

**Please mail to
University of Hartford – Alumni House
200 Bloomfield Ave
West Hartford, CT 06117**

WEB