



Falmouth Academy
7 Highfield Drive
Falmouth MA 02540
508-457-9696
www.falmouthacademy.org

Gifts to Falmouth Academy are tax deductible to the full extent of the IRS Code.

Please mail this completed form to the attention of Cristina Torruella, Associate Director of Annual Giving, at the address above.

Thank you!

RECURRING GIFT FORM

I/we authorize Falmouth Academy to deduct per year month week (please select select frequency) to support the Fund for Falmouth Academy. Debits are initiated on the 22nd day of each month.

I authorize debits to occur until I provide further notice.

I will make my gift by (select one):

- Electronic Check**
- Credit Card (FA accepts all major credit cards)**

Please fill out billing information on the attached second sheet.

Please direct my Annual Fund gift to:

- _____ **Unrestricted Support**
- _____ **Financial Aid**
- _____ **Faculty Support**
- _____ **Facilities**

Your information

Name/s: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Signature (**Required**): _____ Date: _____

Please remember:

- All monthly charges will be reflected on your bank or credit card statement. FA will provide you with a receipt annually in January for all gifts during the previous calendar year (January through December) for your tax records.
- If you have questions or would like to increase, decrease or terminate recurring giving, call Crissy Torruella at 508-457-9696, x. 242.

RECURRING GIFT FORM

Name: _____ Date: _____

Amount: \$ _____ Frequency: yearly monthly weekly

Electronic Check

This agreement authorizes Falmouth Academy to electronically initiate debit entries from this account (select one):

Checking Savings

Name on Account: _____

Depository Bank Name: _____

Account #: _____ Routing/ABA #: _____

Credit Card *FA accepts all major credit cards*

This agreement authorizes Falmouth Academy to charge the credit card below and to, if necessary, credit entries and adjustments.

Name (as it appears on card): _____

Billing zip code: _____ Expiration date (MM/YR): _____

Card number: _____ CVV: _____

Please mail this *completed* form to the attention of

Cristina Torruella, Associate Director of Annual Giving, Falmouth Academy
7 Highfield Drive, Falmouth, MA 02540

Thank you!