



MONTHLY GIVING FORM

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.

*** The least costly option for FA is a debit from your bank account!**

Please mail this completed form to the attention of Cristina T. Pingal, Development Officer, at the address above.

Thank you!

I/we authorize Falmouth Academy to deduct \$ _____ per month to support the Falmouth Academy Annual Fund. (Debits are initiated between the 5th and 10th day of each month.) I authorize debits to occur until I provide further notice.

I will make my monthly gift by (select one):

Debit from a Bank account*

This agreement authorizes Falmouth Academy to electronically initiate debit entries and to, if necessary, credit entries and adjustments (select one):

Checking Savings

Depository Bank Name: _____

Account #: _____ Transit/ABA #: _____

City: _____ State: _____ Zip code: _____

Branch location: _____

Please attach a voided check (if checking account) or a deposit slip (if savings account).

Credit Card*

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: _____ CC Expiration date (MM/YR): _____

Card number: _____

Your information

(If you have sent gifts before, only include your name, signature and any changes.)

Name/s: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Signature **(Required)**: _____

Please remember:

- All monthly charges will be reflected on your 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 monthly giving, call 508-457-9696, x.242.