

Update Payment Method Form

Online giving available at www.naspa.org/foundation/make-a-gift



Name: _____
Institution/Company: _____ NASPA Member ID (if applicable): _____
Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Preferred email: _____
Billing address _____ City: _____ State: _____ Zip: _____
(if different)

I/we have an existing pledge to the NASPA Foundation.
Please replace the existing payment method with the information below.

Make no other changes to the existing pledge schedule

OR

Change the payment schedule to \$ _____ every month quarter year

*** Note: recurring payments automatically stop when the pledge is paid in full ***

Credit Card Authorization

Name on Card: _____
 Visa MasterCard Discover AMEX
Account # _____
Expiration Date: ____/____
Security Code: _____

*** recurring credit cards are run on the 3rd of the month*

Additional gift information:

OR

Bank Debit Authorization

Name(s) exactly as on account: _____ Checking Savings

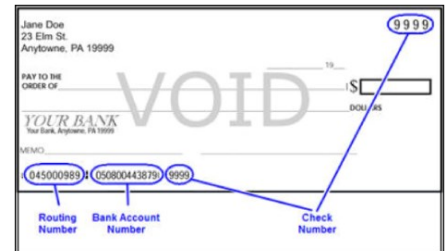
Bank/Credit Union Name: _____

ABA Routing Number: _____

Account Number: _____

Desired processing date:

1st or 15th of the month



Signature

Date

Please return this form to: **NASPA Foundation * 111 K Street NE, 10th Floor * Washington, DC 20002**
or fax to 202.280.1382, Attention: Amy Sajko, Senior Director of the NASPA Foundation

Questions? Call Amy at 202.265.7500, ext. 1195