

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

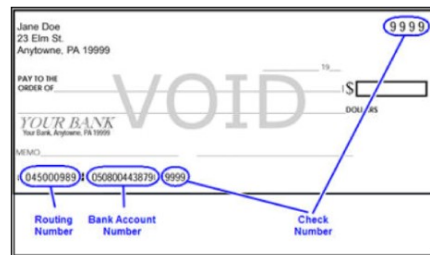
Bank/Credit Union Name: _____

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: Lucy Fort, Associate Director, NASPA Foundation

Questions? Call Lucy at 202.265.7500, ext. 1171