

Yes, I thank God for Corban University and its mission. Please use my donation to provide much-needed student scholarships.

NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ EMAIL _____

ONE TIME GIFT:

- ☐ \$25 ☐ \$100
- ☐ \$50 ☐ \$ _____

MONTHLY GIFT:

- ☐ \$10/mo. ☐ \$21/mo.
- ☐ \$42/mo. ☐ \$ _____/mo.

PLEASE CHECK ONE:

- ☐ Donate by EFT or credit card *(complete form on reverse side)*
- ☐ My check is enclosed *(payable to Corban University)*
- ☐ Please contact me about Corban’s free estate planning services

*Corban University is a 501c(3) non-profit educational institution.
Your gifts are tax-deductible to the full extent allowed by law.*

Or call Darrel at 503-589-8186 or Deleen at 503-589-8182.

AUTHORIZATION/AGREEMENT

By signing this form, I/We authorize Corban University to automatically transfer my/our donation of \$_____ from my/our credit card or bank account (complete appropriate section). This authorization will remain in effect until I notify Corban, at any time, that I wish to change my contribution. (There is no transaction cost to Corban to use EFT—see below.)

For EFT donations, please fill in your bank's nine-digit routing number and your account number. They are located at the bottom left of your checks or deposit slips. See example here. Or you may simply enclose a voided check.

NAME
ADDRESS
CITY, STATE ZIP

DATE _____

0123
01-23456789

PAY TO THE
ORDER OF _____ \$ _____

BANK NAME
ADDRESS
CITY, STATE ZIP

DOLLARS

FOR _____

⑆0123456789⑆ ⑆0123456789⑆ 0123

Bank Routing
Number

Bank Account
Number



ELECTRONIC FUNDS TRANSFER: ☐ Checking ☐ Savings

NAME ON ACCOUNT _____

ROUTING # _____

ACCOUNT # _____

BANK NAME _____ AMOUNT \$ _____

SIGNATURE _____

CREDIT CARD: ☐ VISA ☐ MasterCard ☐ Discover

NAME ON CREDIT CARD _____

CARD # _____

AMOUNT \$ _____ EXPIRATION DATE _____ / _____ V-CODE _____

SIGNATURE _____

THANK YOU FOR YOUR SUPPORT