



Name

Address

City

State

ZIP

Phone

Email

Monthly Gift

\$83.34 \$41.65 \$20.84 Other _____

One-Time Gift

\$1,000

\$500 \$250 \$100 Other _____

Designation:

Sterling Fund

Sterling Scholarship Fund

Fine Arts

Warrior General Athletics

Sport _____

Academic Department _____

Give securely online: **sterling.edu/give-today**

Credit Card # _____

Exp. Date _____ CSC _____

Signature _____

Please complete the reverse side to make a secure monthly gift through your bank account.

My employer will match my gift.

Sterling College is included in my estate.

Please make checks payable to Sterling College

DONATE TO IMPACT LIVES!

Enrollment Form for Debit Authorization (for your bank and Sterling College)

I/We hereby authorize Sterling College to initiate debit entries to my/our account from the financial institution listed below for the purpose indicated and mission of Sterling College.

Financial Institution Name

Branch

Address

City

State

ZIP

Bank Routing Number

Type of Account:

Checking

Account Number

Savings

I choose to have my account debited on:

3rd or 18th of each month

This authorization is to remain in full force and effect until Sterling College has received written notification from me/us to terminate the EFT in such a time frame as to afford Sterling College and my financial institution a reasonable opportunity to respond.

Print Name

Signature

Date

Enclose this form with your voided check.

Office of Advancement

125 W. Cooper | Sterling, KS 67579

Call 620-278-4219 to make a gift