St. Joseph's College
Recurring Gift Program Enrollment Form

Through the Recurring Gift Program, you can easily make your gift to The Century Fund in regular monthly installments from your credit card. Your monthly contribution provides the College with an ongoing, reliable source of funding. Gifts made through this program reduce our administrative costs and allow more of your gift to be used immediately to support St. Joseph's College students and programs.

Your name(s) ___________________________________________ Class year (if applicable) __________________________
Street address ________________________________________________________________
City __________________________ State _________ ZIP __________________________
Daytime phone __________________________ Email __________________________

Please make charges on or around the □ 15th of the month, beginning (month/year): __________
I (We) would like charges to occur until □ I provide further notice or □ (month/year): __________
I (We) would like to support the College with monthly contributions to The Century Fund:

$ _____ UNRESTRICTED
$ _____ Class of 1964 Endowed Scholarship
$ _____ Athletics (specify Brooklyn Bear or Long Island Eagle fund, if desired)
$ _____ Library Fund (specify Long Island Callahan or Brooklyn McEntegart, if desired)
$ _____ Current scholarships (specify Brooklyn or Long Island, if desired)
$ _____ Other (please specify)
$ _____ Total monthly contribution ($1 minimum)

I (We) hereby authorize St. Joseph’s College to initiate monthly charges to my (our) credit card in the amount(s) listed above.
Type of Card: □ VISA □ MasterCard □ Discover □ American Express

Card number __________________________________________ Expiration date __________________________
Signature __________________________________________ Date __________________________

My gift is □ in honor of □ in memory of: ________________________________________________________

Please notify the following person(s) of this gift:

Name(s) __________________________________________
Street address __________________________________________
City __________________________ State _________ ZIP __________________________

Please remember:
• Keep a copy of this form for your records.
• A record of each gift will appear on your monthly bank or credit card statement.
• You will receive an annual statement by mail for tax purposes in the first quarter (January-March) of each calendar year.

To enroll in the St. Joseph’s College Recurring Gift Program, please complete this form and return to:

St. Joseph’s College
Office of Institutional Advancement
Brooklyn Campus
256 Clinton Avenue
Brooklyn, NY 11205

If you have any questions or would like to notify us of any credit card updates, address changes, or to change your monthly giving, call 631.687.5197 or email Kelly Cortes at kncortes@sjcny.edu.