

**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 [kcortes@sjcny.edu](mailto:kcortes@sjcny.edu).