

Hesston College

START HERE, GO EVERYWHERE

Name _____
first *middle initial* *last*
Address _____ City _____ State _____ ZIP _____
Phone _____ E-mail _____

Depository Name/Branch _____

City _____ State _____ ZIP _____

Transit/ABA/Routing No. _____

Account No. _____

Account Type (circle one): checking savings

Gift Amount (per month) \$ _____

Gifts of any amount are welcome. If you wish to become a Hesston College Partner, your monthly gift would be:

- \$42-83 (Associate Partner)
- \$84-166 (Founding Partner)
- \$167-416 (Sustaining Partner)
- \$417-833 (Sponsoring Partner)
- \$834 or more (President's Partner).

Please debit my account the (circle one) 1st 5th 15th 25th day of each month.

This authority is to remain in full force and effect until Hesston College and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford Hesston College and DEPOSITORY a reasonable opportunity to act on it.

Unless otherwise requested, all receipts by Electronic Fund Transfer will benefit the Hesston College Fund/Annual Fund.

Signature _____

Fax this form to 620-327-8229
or mail it to Hesston College Development Office, Box 3000, Hesston, KS 67062

OFFICE OF DEVELOPMENT

Box 3000 • Hesston, KS 67062 • 866-437-7866 • development@hesston.edu • www.hesston.edu