



The Institute for Better Education  
 5151 E Broadway, Suite 1600  
 Tucson, AZ 85711  
 520-512-5438 520-512-5401 Fax

## Authorization Agreement for Monthly Donations

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to recommend my gift for scholarship assistance to:

Specific School: \_\_\_\_\_

Specific Student: \_\_\_\_\_

The Institute for Better Education General Fund

Amount of My Monthly Donation: \_\_\_\_\_

Check this box if you would like to be an anonymous donor.

### Monthly Credit Card Donation

I hereby authorize the Institute for Better Education (IBE) to automatically charge the following credit card for the amount of the donation listed above on the 22<sup>nd</sup> of each month. If the 22<sup>nd</sup> falls on a weekend or holiday, I understand my card will be charged on the first following business day. This authority is to remain in full force and effect until IBE has received written notification from me of its termination. At the beginning of each fiscal year, I understand that I need to resubmit this Authorization Agreement to continue.

Type of Credit Card:  Visa       MasterCard       Discover       American Express

Credit Card: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Monthly Direct Payments (ACH Debits)

I hereby authorize the Institute for Better Education (IBE) to debit entries to my account indicated below for the amount of the donation listed above on the 22<sup>nd</sup> of each month. If the 22<sup>nd</sup> falls on a weekend or holiday, I understand my account will be charged on the first following business day. This authority is to remain in full force and effect until IBE has received written notification from me of its termination. At the beginning of each fiscal year, I understand that I need to resubmit this Authorization Agreement to continue.

***A voided check must be attached to this Authorization Agreement Form.***

Type of Account:  Checking       Savings

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Note: Contributions not designated to a specific school may be used for scholarships awarded at the discretion of the Institute For Better Education. Awards will be made without regard to the student's race, color, sex, handicap, familial status or national origin. Admission decisions are the exclusive responsibility of the school. Receipts will be mailed to the address you give above. At least 90% of all funds received will be used for scholarships. Contributions are pursuant to A.R.S. section 43-1089.