UNC
LINEBERGER COMPREHENSIVE
CANCER CENTER
NC CANCER HOSPITAL

Automatic Bank Draft Application

You can spread your annual gift over an entire year by authorizing your bank to make monthly transfers from your checking account. To participate in this program, fill out this form and return it to us. If you have questions, contact Alyson Newman, Director of Development Services, at 919-966-5905.

Your Name_____

Address_____

City_____State_____Zip Code_____

Phone_____

Email_____

I authorize my bank to make payments in the amount of $_____ per month ($10/month minimum for a minimum of 1 year) on the 15th day of the month beginning _____(month). This authorization remains in effect until I notify UNC Lineberger of its termination. Notification can be made by writing to UNC Lineberger or by calling Alyson Newman at 919-966-5905.

Bank Name:_____

Bank Address:_____

Bank Routing Number:_____

Bank Account Number:_____

Purpose of this application ___first application __change of information

Signature_____

How do you wish to be listed in publications?

_____

___gift is anonymous ___payment on a pledge __my company offers matching gifts

Please attach a voided check and return to: UNC Lineberger Comprehensive Cancer Center
UNC-CH CB# 7295
Chapel Hill, NC 27599-7295