



WHITWORTH

AN EDUCATION OF MIND AND HEART

WEGO Authorization Form

Whitworth Electronic Giving Option

Personal Information

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Type: _____

Email: _____

Account Information

Checking Account #: _____

Financial Institution: _____

City, State: _____

Branch Phone: _____

ABA/Routing #: _____

Please include a voided check to ensure that the correct account number is used for the electronic payment option.

Credit Card

Card #: _____

Visa/MC Exp. Date: _____

Giving Information

I authorize Whitworth University to deduct \$_____ (minimum \$10) from my checking or credit card account each month.

Start Date: _____ End Date: _____

Total Amount: _____

Leave blank if deduction has no end date

Name: _____

Please print name as it appears on your account

Signature: _____

Date: _____

Area I wish to support

Whitworth Fund

Other: _____

Please return completed form to :
Office of Institutional Advancement
Whitworth University
300 W. Hawthorne Rd.
Spokane, WA 99251

or e-mail June Hanson:
jhanson@whitworth.edu