



Weisman Art Museum

Electronic Funds Transfer (EFT) Form Pre-Authorized Payments

Yes! I/We would like to support the Weisman Art Museum this year!

___ Membership ___ Annual Fund

Name(s) _____

Address _____

City _____ State _____ Zip _____

Daytime phone (in case we have questions) (_____) _____

Email _____

Donation amount (check one):

\$ _____ Monthly (___ 1st or ___ 15th; start month _____)

\$ _____ Quarterly (the 1st of the month beginning _____)

Total Annual Contribution \$ _____

Note: If your annual amount does not divide equally by 12, the Weisman Art Museum will round up to the nearest cent.

Your gift is renewed automatically every 12 months. Members will receive a membership card(s) every year.

Name(s) on account (please print) _____

I authorize the University of Minnesota Foundation to process debit entries from my account. This authority will remain in effect until I give reasonable written notification to terminate this authorization or until the last specified payment date. I understand that the processing time to start or stop payments can take up to 30 days.

NOTE: Please attach a voided check or savings deposit slip and mail to:

Weisman Art Museum
Attn: Membership Office
333 East River Road
Minneapolis, MN 55455

Authorized signature _____ Date _____

THANKS FOR YOUR SUPPORT!