Important Information for Donors

On behalf of the Student Accounts office at Gordon-Conwell Theological Seminary, we sincerely thank you for blessing our students with your generosity. Please read this form carefully for important instructions to ensure that your payment is applied to the correct student’s account. Thank you again!

Payment Options:
- **Check**: You will need to include the student’s name and student ID# on the memo line of the check. Please send your check to:
  
  Gordon-Conwell Theological Seminary  
  Attn: Student Accounts  
  130 Essex St.  
  South Hamilton, MA 01982

- **Credit/Debit Card**: Please call 978-646-4049 and we will take your payment over the phone. You will need the student’s name and student ID# in order for us to take the payment.

Important Details:
- Please send the attached “Permission to Withdraw Excess Funds” form to our office.
- Please note that because you are specifying that your payment is intended for a particular student, this payment is *not* considered to be tax-deductible.
- Please note that while we are able to take a payment from you, per privacy laws we are unable to give any specific information regarding a student’s account unless the student gives you account access. They may do so by filling out the Account Access form, which can be found on the Gordon-Conwell website under “Student Accounts”.

If you have further questions or concerns, please feel free to contact the Student Accounts Office:

- **Email**: finserv@gordonconwell.edu
- **Phone**: (978) 646-4049
- **Fax**: (978) 646-4601
- **Hours**: Monday-Friday 8:00am-4:30pm EST
Permission to Withdraw Excess Funds

If you are making a payment for a Gordon-Conwell student, please fill out this form and return it to the Student Accounts office. If your payment creates a credit on the student’s account, we need to first receive this form from you before we can allow the student to withdraw those funds for their personal use. Thank you!

Please Check One:

☐ Should my payment create a credit on the student’s account, the student does NOT have my permission to withdraw those funds for his/her personal use.

☐ Should my payment create a credit on the student’s account, the student DOES have my permission to withdraw those funds for his/her personal use.

Signature of Donor: _____________________________________________________________

Student Name: ______________________________________ Student ID#: ________________

Date: __________________________

Please Return This Form to:
Gordon-Conwell Theological Seminary
Attn: Student Accounts
130 Essex St.
South Hamilton, MA 01982
Fax: (978) 646-4601

Questions:
Email: finserv@gordonconwell.edu
Phone: (978) 646-4049