

Credit Card Monthly Giving Authorization Form

Please print, complete, sign, and mail this form to authorize your recurring monthly donation.

1. Donor Information

First Name:

Last Name:

Street Address:

City:

State / Province:

ZIP / Postal Code:

Phone Number:

Email Address:

2. Donation Details

Monthly Donation Amount (\$ USD):

Day of Month for Contribution (e.g., 1st or 15th):

3. Credit Card Information

Card Type (Visa, Mastercard, Amex, Discover):

Cardholder Name (as it appears on card):

Credit Card Number:

Expiration Date (MM/YY):

Security Code (CVV/CVC):

4. Authorization and Signature

I authorize the organization to charge my credit card indicated in this authorization form according to the terms outlined above. This authorization is to remain in full force and effect until the organization has received written notification from me of its termination.

Cardholder Signature: _____

Date (MM/DD/YYYY):