# Credit Card Authorization Form

*One-Time & Repeat Purchase*

## CARDHOLDER INFORMATION

Name:

Billing Address:

City: State: Postal Code:

Country: Email

Address:

Direct Telephone: ( ) -

## GIFT INFORMATION

Fund Name or Gift Purpose:

□ I authorize a one-time charge against my credit card for the following amount $

□ I authorize a recurring charge against my credit card for the following amount$

once every day(s)/week(s)/month(s)/year(s) beginning / /

and ending after payments

## CREDIT CARD INFORMATION

Credit Card Type: □ MasterCard □ Visa □ American Express □ Discover Card

Number:

Expiration Month: Expiration Year:

Cardholder Signature X Date / /

Security Code: