Credit Card Donation Payment Authorization

I authorize _____ Church, to charge my ATM, debit or credit card through MyChurchDonations.com for my donation(s) as follows:

Initial

___ This one donation only, in the amount of $_____

___ Recurring ___ Weekly, or ___ Monthly donations in the amount of $ _____, until (Date)_____.

___ As I indicate on the Tithe Envelope, until (Date) _____.

_____

Last Name on Card *First* *Middle*

Credit Card Number __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ Expiration Date _____ C V V Security Code: _____

Type of Card: ___ VISA, ___ MasterCard, ___ Discover, ___ American Express

Card Holder's Billing Address for Debit and Credit Card Statements. Phone _____ Email_____

_____

Street *City* *State* *Zip*

Signature _____ Date _____

Charges will appear on your card statement as **MyChurchDonations.com**