

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:

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

Initial

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

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

Name on Card _____
Print Last First Middle

Credit Card Number

_____ - _____ - _____ - _____

Expiration Date _____ C V V Security Code: _____

Type of Card: ___ VISA, ___ MasCard, ___ Disc, ___ AmEx

Card Holder's Billing Address for Card Statements.

Street

City

State

Zip

Phone _____ Email _____

Date _____ Signature _____

Charges will appear on your card statement as
MyChurchDonations.com