Sign me up to make

Sign a dibterence...



3903 E Huber St Mesa AZ 85202 (480) 634-6086

Recurring Payment Authorization Form

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DONORS INFORMATION:	
DONORS NAME:	
EMAIL :	
CELL #:	
PAYMENT INFORMATION:	
I authorize PRAYER CHILD FOUNDATION to automatically bill the card listed below as specified:	
PRODUCT/SERVICE DESCRIPTION: Donation to Charity	
FREQUENCY (check one) Once Weekly Monthly Quarterly	
Start on/	\$
Month Day Year Month Day Year	
No end date	
CREDIT CARD INFORMATION:	
CREDIT CARD INFORMATION: Card Type	
Card Type MasterCard Visa Discover AMEX	
CARRIED DER MANAF (on chaver on gord)	
CARDHOLDER NAME (as shown on card)	_ BILLING ZIP CODE
CARD NUMBER	EXPIRES /
CAND NOIVIBER	CVV code
Notify me via email when my card is charged. (Make sure email above is correct)	(On back of card)
Notiny the via email when my card is charged. (Make sure email above is correct)	
DONOD'S SIGNATURE	DATE
DONOR'S SIGNATURE	DATE