



Recurring Payment Authorization Form

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 ____/____/____ End on ____/____/____ \$ _____
Month Day Year Month Day Year

No end date

CREDIT CARD INFORMATION:

Card Type MasterCard Visa Discover AMEX

CARDHOLDER NAME (as shown on card) _____ BILLING ZIP CODE _____

CARD NUMBER _____ EXPIRES ____/____

CVV code _____
(On back of card)

Notify me via email when my card is charged. (Make sure email above is correct)

DONOR'S SIGNATURE _____ DATE _____