

CREDIT CARDType of Card VI MC AMEX Discover

Credit Card Number _____

Expiration Date: month _____ year _____

Holder's Name _____
as it appears on cardCharge a **one time** gift of \$ _____
*or*Charge a **monthly** gift of \$ _____Beginning _____
month for _____ months.

Signature _____ Date: _____

DIRECT DEBIT (Please include your VOIDED check)

Bank _____

Name(s) _____
please give both names if joint account

Account # _____

Withdraw amount of \$ _____ monthly

Beginning _____
month for _____ months.

Signature _____ Date: _____

Signature _____ Date: _____

Please Note: All monthly credit card charges and direct debits will be made on the 24th of each month.For direct debits, please include a voided check with this form.
Thank you.