

## Credit Card Authorization Form for Archbishop's Appeal

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

### Monthly Donation

\$ \_\_\_\_\_ monthly

Start Date: \_\_\_\_\_ (dd/mm/yy) \_\_\_\_\_ 1<sup>st</sup> OR \_\_\_\_\_ 15<sup>th</sup> of the month

### Pledge Donation

\_\_\_\_\_ months \$ \_\_\_\_\_ monthly

Start Date: \_\_\_\_\_ (dd/mm/yy) \_\_\_\_\_ 1<sup>st</sup> or \_\_\_\_\_ 15<sup>th</sup> of the month

### I/We authorize the Archdiocese of Regina to charge our credit card:

Name on Credit Card: \_\_\_\_\_

Credit Card \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Amex

Card Number: \_\_\_\_\_

Expiry Date \_\_\_\_\_ Month \_\_\_\_\_ Year

Signature: To agree to this charge to your credit card please type your initials here \_\_\_\_\_ and type YES here \_\_\_\_\_

**Once you have filled in all the fields, save this form and send it back as an attachment to [annualappeal@archregina.sk.ca](mailto:annualappeal@archregina.sk.ca)**

***If you have questions regarding this form or would like to make changes to your monthly gift please contact Maria Martinez at 306-352-1651 ext. 210***