

Credit Card Authorization Form for Archbishop's Appeal

Name: _____ Phone: _____

Address: _____ City/Town: _____

Postal Code: _____ Email: _____

Monthly Donation

\$ _____ monthly

Start Date: _____ (dd/mm/yy) _____ 1st OR _____ 15th of the month

Pledge Donation

_____ months \$ _____ monthly

Start Date: _____ (dd/mm/yy) _____ 1st or _____ 15th 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

If you have questions regarding this form or would like to make changes to your monthly gift please contact Brianne Cascanette at (306)352-1651 Ext. 1684 or Jose Argerami at (306)352-1651 Ext. 6733.