



Recurring Donation Authorization Form

If you would like to enjoy the convenience of automatic recurring donation, simply complete the information below and sign the form. All requested information is required. Upon receipt, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic donation authorization at any time by contacting us in writing.

Customer Information (to be completed by merchant)

Full Name _____

Address _____ City _____ State _____ Zip _____

Email address _____ Phone (____) _____ - _____

Payment Information (to be completed by merchant)

I authorize Grace Lighthouse Fellowship to automatically bill the card listed below for a recurring donation as specified:

Recurring amount \$ _____

Frequency (circle one) Once Daily Weekly Twice/month Monthly Quarterly

Start on _____ / _____ / _____ End on: _____ / _____ / _____
Month Day Year (or check below) Month Day Year

☐ No End Date

Credit Card Information (to be completed by customer)

Card type ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX

Cardholder name _____ Cardholder ZIP Code _____
(as shown on card) (from credit card billing address)

Card Number _____ Expires _____ / _____ CVV _____

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

Customer's signature _____

Date _____

Mail the completed form to:

Grace Lighthouse Fellowship
P O Box 1
Wareham MA 02571-0001

Thank You