



## Recurring Donation Authorization Form

Thank you for your interest in supporting the Save It Forward Food Pantries for students and families in need in the Cobb County School District. All requested information below is required to sign up for automatic recurring billing. Please complete the information below & sign the form. Upon approval, we will automatically bill your VISA, MasterCard, or American Express for the amount indicated & your total charges will appear on your credit card statement. You may cancel this automatic billing authorization at any time by contacting us. Signed & completed forms should be mailed to Alive Ministries, Inc., PO Box 1424, Woodstock, GA 30188 or faxed to 678-302-2077. Thank you for your support! Our mission could not survive without generous donations such as yours!

### Customer Information

Customer Name \_\_\_\_\_  
Email address \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
(from credit card billing statement)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Payment Information

I authorize Alive Ministries, Inc. to automatically bill my card listed below as specified below.

I would like to set a recurring donation of \_\_\_\_\_ to Alive Ministries. (\$5 minimum donation suggested)

Frequency (check one)  **Once**  **Weeklv**  **Monthlv**  **Quarterly**

Start on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ End on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

No End Date (circle if applicable)

### Credit Card Information

Cardholder name \_\_\_\_\_ CSC \_\_\_\_\_  
(as shown on card) (Card Security Code on back of card)

Card Number \_\_\_\_\_ Expires \_\_\_\_\_

Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_