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Credit Card Authorization Form

This form is to authorize AchieveMpls to establish automatic monthly donations by credit card. Please fill this form out completely and return it to AchieveMpls via fax or mail.

Donation Information:

For: _____

Monthly amount I would like to donate: \$_____ Beginning month: _____

Recognize the donation under the name(s): _____

Contact Information:

Last name:_____ First name:_____ MI:_____

Address:_____

City:_____ State:_____ Zip:_____

Telephone number:_____ E-Mail:_____

Credit Card Information:

Card type (circle one): American Express MasterCard Visa

Card Number:_____ Expiration date (mm/yy):_____

Name (exactly how it appears on card):_____

Billing Address:_____

City:_____ State:_____ Zip:_____

Authorization

I authorize AchieveMpls to charge my credit card monthly. This authorization will remain in effect until I notify AchieveMpls in writing (30-day notice required) that I wish to make a change to my monthly donation or to terminate this agreement.

I understand that the gifts will be acknowledged annually in December.

Date:_____ Signature:_____