NEWCHURCH LIVE

Recurring Credit Card Payment Authorization Form

Please complete the following information to make your monthly gift by credit card to NewChurch LIVE

$ _____ _____ _____

MONTHLY PAYMENT AMOUNT | STARTING DATE | FINAL DATE

_____

NAME ON CARD

CHECK ONE ☐ VISA ☐ MASTERCARD ☐ DISCOVER

_____ _____ _____

CARD NUMBER | EXPIRES | SECURITY CODE

PLEASE CHARGE MY CREDIT CARD MONTHLY ON THE ☐ 10TH ☐ 15TH ☐ 30/31ST

Billing address associated with this account:

_____

HOUSE #/STREET/APT/BOX #

_____ _____ _____ _____

CITY | STATE/PROVINCE | ZIP/AREA CODE | COUNTRY

_____ _____

HOME PHONE | E-MAIL ADDRESS

PLEASE CONTACT THE DIRECTOR OF ANNUAL GIVING AT 267-502-2409 IF YOU HAVE ANY QUESTIONS