

AUTHORIZATION FORM

Credit Card Donation

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Donation to Nativity Lutheran Church (St. Michael Evangelical Lutheran Church of the Nativity)		
Effective date of authorization: _____/_____/_____		
Type of Authorization: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change Credit Card information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date or frequency		
Name printed on Credit Card: _____		
Billing Address _____		
City _____	State _____	Zip _____
Email Address _____		
Credit Card Number: _____		
Expiration Date: _____ CVV2 or CID#: _____		
FIRST DONATION DATE: _____/_____/_____	FREQUENCY OF DONATION: (check one) <input type="checkbox"/> One Time OR Recurring <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)	FUNDS AND AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building/Capital Campaign \$ _____ <input type="checkbox"/> Benevolence/Outreach \$ _____ <input type="checkbox"/> Food Bank \$ _____ <input type="checkbox"/> ELCA World Hunger \$ _____ <input type="checkbox"/> Other: _____ \$ _____ (Write in where donation is to be directed) <div style="text-align: right;">Total \$ _____</div>
AGREEMENT I authorize Nativity Lutheran Church to process debit entries to my credit card account as shown above. I understand that this authority will remain in effect for recurring donations until I provide reasonable notification to terminate the authorization.		
Authorized Signature: _____ Date: _____		
You may cancel this automatic billing authorization at any time by contacting us in writing at: Nativity Lutheran Church, 4004 W. Tilghman St., Allentown, PA 18104		

Return completed authorization form in a sealed envelope to Financial Secretary, Nativity Lutheran Church