

INTERLINK MINISTRIES, INC.

PO Box 460, Apple Creek, OH 44606 | Phone 330-698-5465 | E-mail interlinkfamily@aol.com

DONOR AUTHORIZATION FOR MONTHLY CREDIT CARD DONATION

Please check if this is a revision to an original we have on file

PERSONAL INFORMATION: (PLEASE PRINT)

YOUR NAME: _____
(As it appears on your Credit Card)

ADDRESS: _____

(City, State, Zip) E-MAIL ADDRESS: _____

DAYTIME PHONE: _____ CELL PHONE: _____

CREDIT CARD INFORMATION:

VISA MASTER CARD DISCOVER EXP. DATE: ___/___/___

CARD NUMBER: _____

AUTHORIZATION:

I hereby authorize INTERLINK MINISTRIES, INC. to charge the above referenced credit card account on or about the 15th of each month in the amount of \$_____ monthly starting _____, for the following ministry:

Name of Missionary or Project Your Contribution Is To Go Towards

This authority is to remain in full force and effect until written notice from me has been received by INTERLINK MINISTRIES, INC. in such a manner as to afford reasonable time to act on it.

Signature: _____ Date: _____

In an attempt to save time, envelopes, and postage; we would like to ask if we could send you an end-of-the-year (EOY) statement only, and not the usual monthly statements. If you do not fill out the information below, you will **NOT** receive monthly statements. However, you will receive an EOY statement by January 31st for your tax preparation.

I desire to receive my monthly statements as well as my EOY statement. Indicate yes here _____

Signature: _____ Date: _____