

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

## DONOR AUTHORIZATION FOR MONTHLY CREDIT CARD DONATION

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

PERSONAL INF	FORMATION: (PLEASI	E PRINT)		
YOUR NAME: _	(Δο	it appears on your Cro	adit Card)	
	(Ac	it appears on your on	suit Gara)	
ADDRESS:				
((	City, State, Zip)	_ E-MAIL ADDRES	S:	
	HONE: CELL PHONE:			
CREDIT CAR	D INFORMATION:			
'	☐ MASTER CARD	$\square$ DISCOVER	EXP. DATE://	_
CARD NUME	BER:			_
AUTHORIZATIO	ON:			
account on or al		nth in the amount of \$_	e above referenced credit card monthly starting	
N	ame of Missionary or	Project Your Contribu	ution Is To Go Towards	
			otice from me has been received by easonable time to act on it.	,
Signature:			Date:	
end-of-the-year information belo	(EOY) statement only, a	and not the usual month monthly statements. I	like to ask if we could send you an analy statements. If you do not fill out however, you will receive an EOY	
I desire to receive	e my monthly statemen	ts as well as my EOY s	statement. Indicate yes here	
Signature:			Date:	