

# INTERLINK MINISTRIES, INC.

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## 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 15<sup>th</sup> 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 31<sup>st</sup> for your tax preparation.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_