



CREDIT CARD AUTHORIZATION FORM

*Please return the completed form to the Development Office,
St. Monica Parish Community,
725 California Ave, Santa Monica, CA 90403*

I hereby authorize St. Monica to charge the credit card identified below in accordance with these instructions, until such time as I notify the St. Monica Development Office in writing that I wish to change or cancel the terms of this arrangement.

These contributions are for unrestricted purposes and are to be used for the general benefit of St. Monica Church.

Name: _____

Address: _____

City, ST Zip: _____

Type of Card: *(circle one)* Visa MasterCard American Express Discover

Card No. _____

4 Digit or other code above Card No. on the front or on back of card: _____

Name as it appears on Card: _____

Exp. Date (mo/yr): _____

Amount To charge: _____ Frequency: (monthly) or (qrtrly—Mar. Jun. Sep. Dec.)

Signature: _____

Date: _____

Print Name: _____

Day Time Telephone: _____

Evening/other Telephone: _____

_____ I wish to stop receiving monthly envelopes (if applicable).