

# CREDIT CARD AUTHORIZATION FORM

Repeat Gifts

## CARDHOLDER INFORMATION

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Name:  (Print name as it appears on credit card)

Billing Street Address:

Street Address (cont.):

City:  State:  Zip Code:

Direct Telephone:  Email Address:

## GIFT INFORMATION

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Fund Name or Gift Purpose:





I authorize a one-time charge against my credit card for the following amount:

\$  once every  day(s)  week(s)  month(s)  year(s)

Beginning  and ending after  payments.

## CREDIT CARD INFORMATION

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Credit Card Type:    

Number:

Expiration Month:  Expiration year:

Security Code:

\_\_\_\_\_  
CARDHOLDER AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

I certify that the above statements and information made in the agreement are true and correct to the best of my knowledge. I also certify that I am authorized to effect charges to the above credit card number. In the case of any issues or disputes concerning this transaction, I will promptly notify The Logos Foundation to rectify the situation prior to notifying my credit card company.