

## Credit Card Authorization Form

## Authorization Form Instructions

**1.** Complete the Authorization Form on the reverse side by indicating the amount and designation for your monthly contribution.

**2.** Mail the completed Authorization Form to:

Missions Door

2530 Washington Street

Denver, Colorado 80205-3142

Thank you for selecting the Credit Card Option for your contribution.

Please note: Beginning January 1, 2011, Missions Door will deduct the credit card processing fees charged by our financial institution from the missionary or project that receives this donation. If you would like to maximize the impact of your donation, please consider giving via Direct Debit. For further information please feel free to contact us at [Finance@MissionsDoor.org](mailto:Finance@MissionsDoor.org).



## Credit Card Authorization Form

I/we authorize Missions Door to arrange automatic charges to my/our credit card. The contribution should be applied as follows:

Amount per Month	Missionary/Project Description
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

(If more space is needed, please attach complete list.)

The total amount of my/our donation is \$ \_\_\_\_\_ per month.

Please begin the donation starting \_\_\_\_\_ (Month)

Please charge the funds on the:  15th  30th

Card Type:

Visa  MasterCard  Discover

American Express  Diners Club

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Title:  Mr.  Mrs.  Ms.  Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Yes, I/we wish to receive news and information about Missions Door by email.

Please send my receipts via email instead of regular mail to the email address above.

Please show signature below as required on your credit card.

Signature \_\_\_\_\_

Date \_\_\_\_\_