

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.

NOTE: The funds will be charged to your credit card on the 30th of each month.

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.



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)

I/we understand the charges will be made on the 30th of each month.

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 show signature below as required on your credit card.

Signature _____

Date _____