

# St. Andrew's Episcopal Church

Three Maple Street, Framingham, MA 01702

## Credit Card Authorization Form

Name: \_\_\_\_\_

Name: \_\_\_\_\_  
*as it appears on credit card, if different from above*

The following information should be as it appears on your credit card billing statement:

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

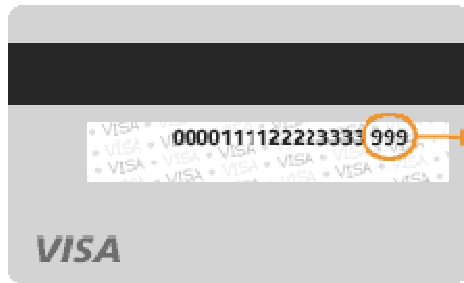
Credit Card

Visa       MasterCard       Discover

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date:

\_\_\_\_\_



**Card  
Identification  
Number**

Card Identification Number: \_\_\_\_\_

Amount to be charged: \_\_\_\_\_  Once       Monthly       Quarterly

Memo:

Annual Pledge (20\_\_\_\_)       Capital Campaign       Altar Flowers

Other (specify) \_\_\_\_\_

Would you like to increase the charge amount by 2% to help defray the cost of credit card processing?

Yes     No    If you check yes, we will increase the amount to be charged by 2% rounded to the nearest cent.

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