



Recurring Credit Card Payment Authorization Form

Please complete the following information to make your monthly gift by credit card to the General Church of the New Jerusalem

\$

MONTHLY PAYMENT AMOUNT

STARTING DATE

FINAL DATE

NAME ON CARD

CHECK ONE VISA MASTERCARD DISCOVER

CARD NUMBER

EXPIRES

SECURITY CODE

PLEASE CHARGE MY CREDIT CARD MONTHLY ON THE 10TH 15TH 30/31ST

Billing address associated with this account:

HOUSE #/STREET/APT/BOX #

CITY

STATE/PROVINCE

ZIP/AREA CODE

COUNTRY

HOME PHONE

E-MAIL ADDRESS

FUND FOR THE CHURCH

OTHER FUND (PLEASE SPECIFY)

YOUR SIGNATURE

TODAY'S DATE

*Return this completed form to the Development Office:
P.O. Box 708, Bryn Athyn, PA 19009*

PLEASE CONTACT THE DIRECTOR OF ANNUAL GIVING AT 267-502-2409 IF YOU HAVE ANY QUESTIONS