



## 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*

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MONTHLY PAYMENT AMOUNT

STARTING DATE

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NAME ON CARD

CHECK ONE:  VISA  MASTERCARD  DISCOVER

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CARD NUMBER

EXPIRES

SECURITY CODE

PLEASE CHARGE MY CREDIT CARD MONTHLY ON THE:  1st  15th

*Billing address associated with this account:*

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HOUSE #/STREET/APT/BOX #

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CITY

STATE/PROVINCE

ZIP/AREA CODE

COUNTRY

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HOME PHONE

E-MAIL

FUND FOR THE CHURCH

OTHER FUND (PLEASE SPECIFY)

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YOUR SIGNATURE

TODAY'S DATE

*Return this completed form to the Office of Advancement:*

*PO Box 708, Bryn Athyn, PA 19009*

PLEASE CONTACT MARK WYNOLL, MANAGER OF GIVING OPERATIONS AT (267) 502-2423 IF YOU HAVE ANY QUESTIONS