



New Church

Recurring Payment Authorization Form

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

BILLING ADDRESS:

Street Address		Apt /Box Number	
City	State/Province	Zip/Area Code	Country
Home Phone		E-Mail	
Fund For the Church	Other Fund (Please Specify)		

BY CREDIT CARD:

\$ Monthly Payment Amount Starting Date Final Date			
Name On Card		Please charge my credit card on the:	
Check One	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover
		<input type="checkbox"/> 1 st	<input type="checkbox"/> 15 th
Card Number		Expires	Security Code

BY CHECK:

\$ Monthly Payment Amount Starting Date Final Date			
Please withdraw on the:		<input type="checkbox"/> 1 st	<input type="checkbox"/> 15 th
Please include a VOIDED blank check			
Routing number			

Name

Signature Today's Date

RETURN FORM TO:

The Office of Advancement, P.O. Box 717, Bryn Athyn, PA 19009

When paying by Bank withdrawal, remember to include a VOIDED blank check.

Please contact MARK WYNCOLL, Manager of Giving Operations 267-502-2409 with QUESTIONS.