



RECURRING PAYMENT AUTHORIZATION

DONOR INFORMATION (TO BE COMPLETED BY DONOR)

Name:

Company/Business name (if applicable):

Phone:

Fax:

Address:

City:

State:

ZIP Code:

Email:

AUTHORIZATION AND DONATION INFORMATION

I authorize Walking in The Reign to automatically bill the card listed below as specified:

Recurring amount:

Frequency: Once Monthly Quarterly Yearly

Start on: ____/____/____ End on: ____/____/____
Month Day Year Month Day Year
 No end date

CREDIT CARD INFORMATION

Card Type: MasterCard VISA Discover

Cardholder name:
(as shown on card)

Cardholder zip code:
(from credit card billing address)

Card Number:

Expiration Date: ____/____ CVV Code: _____

SIGNATURES

Customer Signature

Date