

# ST. JOSEPH'S

ON CAPITOL HILL



**FORM FOR RECURRING DONATIONS/PAYMENTS VIA CREDIT CARD**

NAME _____	CREDIT CARD NO. _____
ADDRESS _____	_____
CITY, STATE _____	EXPIRATION DATE: _____
ZIP CODE _____	NAME ON CARD _____
EMAIL _____	CHARGE AMOUNT \$ _____
PHONE _____	
ENVELOPE NO. _____	

<p>Check one:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> MONTHLY</li> <li><input type="checkbox"/> QUARTERLY</li> <li><input type="checkbox"/> BI-ANNUALLY</li> <li><input type="checkbox"/> ANNUALLY</li> </ul>	<p>Check one:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> OFFERTORY (15<sup>th</sup> or 30<sup>th</sup> of Month)</li> <li><input type="checkbox"/> CAPITAL CAMPAIGN (30<sup>th</sup> of Month)</li> <li><input type="checkbox"/> PARKING (15<sup>th</sup> of Month)</li> </ul>
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STARTING MONTH \_\_\_\_\_ ENDING MONTH \_\_\_\_\_

I hereby authorize St. Joseph's on Capitol Hill, hereinafter called COMPANY, to initiate debit entries and adjustments for any entry in error to my (our) account indicated above and the financial institution named above, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

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