



Credit Card Donation Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us in writing, 30 days before the cancellation date. This authorization will remain in effect until cancelled.

Name: _____

Address: _____

Prov: _____

City: _____

Phone: _____

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____			
Cardholder Postal Code (from credit card billing address): _____			

I, _____, authorize **Riseup Society Alberta** to charge my credit card above for agreed upon amount of _____ every _____ day of the month. I understand that my information will be saved to file for transactions on my account.

Customer Signature

Date