



## CREDIT CARD AUTHORIZATION FORM

### CONTACT AND DONATION INFORMATION:

FULL NAME(S): \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I / we would like to donate \$ \_\_\_\_\_

\_\_\_\_\_ Monthly on the \_\_\_ 1<sup>st</sup> or \_\_\_ 15<sup>th</sup> of each month.

\_\_\_\_\_ Quarterly on the 1<sup>st</sup> of January, April, July & October.

\_\_\_\_\_ One-time donation.

**Donation Designation:** Please indicate below how you would like your donation used. You may also donate to multiple designations by indicating a dollar amount in the spaces. By choosing general expenses we will determine where your donation can have the greatest impact.

General Expenses \_\_\_\_\_

Designated Fund \_\_\_\_\_

### CREDIT CARD INFORMATION:

Card type (circle):            Mastercard            Visa            American Express            Discover

Card#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration date: \_\_\_\_\_ / \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_    CW: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

### AUTHORIZATION:

I authorize Friends for Health in Haiti to charge my credit card as indicated above. Authorization for monthly and quarterly donations will remain in effect until I notify Friends for Health in Haiti in writing that I wish to make a change to my donation or to terminate this agreement.

Date: \_\_\_\_\_    Signature of Cardholder: \_\_\_\_\_

You will receive a letter confirming this arrangement as soon as it is processed. You will receive a year-end summary of your donations for tax purposes. We would be happy to send an acknowledgement for each donation as it is processed.

Please indicate your preference: \_\_\_\_\_ Year-end receipt only

\_\_\_\_\_ Acknowledge each donation

**Mail completed form to:**

Friends for Health in Haiti  
P.O. Box 653  
Cedarburg, WI 53012

**or email:**

admin@friendsforhealthinhaiti.org

**THANK YOU FOR YOUR SUPPORT!**

# Friends For Health I N H A I T I



**YES! I am pleased to support Friends for Health in Haiti, Inc.!**

I will pray regularly.

I will offer general financial support of \$\_\_\_\_\_ for construction, programming expenses, etc.  
One-time gift   Monthly   Quarterly   Yearly (circle one)

I will volunteer to help short-term.

Dates available: \_\_\_\_\_ Expertise: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Mail completed form and check made payable to *Friends for Health in Haiti* to:

Friends for Health in Haiti  
P.O. Box 653  
Cedarburg, WI 53012

[www.FriendsForHealthInHaiti.org](http://www.FriendsForHealthInHaiti.org)  
[admin@friendsforhealthinhaiti.org](mailto:admin@friendsforhealthinhaiti.org)  
(262) 227-9581

Facebook: Friends for Health in Haiti