



Children's Funeral Foundation of Florida, Inc.
Credit Card Recurring Donation Authorization Form

P.O. Box 356, Goldenrod, FL 32733, (352) 877-KIDS
www.childrensfuneralfoundation.org

Thank you for supporting Children's Funeral Foundation of Florida, Inc. Schedule your donations to be made automatically charged to your credit card. Just complete and sign this form to get started.

Recurring Donations Will Make Your Life Easier:

- It's convenient (saves you both time and postage)
- Your donation occurs at the same time each month (to help you budget)
- Electronic donations are safe and secure

Here's How Recurring Donations Work

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged the amount indicated below each billing period. A receipt will be emailed to you and a charge will appear on your credit card statement. You agree that no prior-notification will be provided, unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the donation being collected.

Please complete the information below:

I _____ authorize Children's Funeral Foundation of FL, Inc.
(YOUR FULL NAME)

to charge my credit card indicated below for the amount of \$_____ on the
(AMOUNT)

_____ of each _____ for a donation.
(DAY OR DATE) (FREQUENCY)

Billing Address: _____ Phone #: _____
City, State, Zip: _____ Email: _____

Credit Card Type (please choose one):

___ Visa ___ MasterCard ___ AMEX ___ Discover Card

Name as it appears on Card: _____

Card Account Number: _____ Exp. # _____

CVV2 # (3 digit number on back of Visa/MC; 4 digits on front of AMEX) _____

Signature: _____ Date: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes to my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted charge dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This charge authorization is for the donation amount and frequency listed above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided that the transactions correspond to the terms indicated in this authorization form.