

TIMES SQUARE CHURCH

Credit Card Authorization Form

I am authorizing Times Square Church to charge my credit card in the amount I have indicated below. A confirmation of this gift will be sent to the designated email address. Times Square Church will send me an annual receipt of this gift for tax purposes.

Please complete and fax this form to: Times Square Church, Attn: Accounting Dept. (212) 871-5787

Donation Frequency:

- Monthly Every 1st and 15th of the Month Quarterly
 Semi Annually One Time Only

Date of First Recurring Donation: ___/___/___

- The donations will recur until: ___/___/___
 No end date (To cancel, please contact the Accounting Department)

Preferred Credit Card:

- Master Card Visa American Express Discover Card

Tithes Amount: \$ _____

Credit Card #: _____

Expiration Date: _____

Security Code: _____

Card Holder's Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Signature: _____

Date: _____

Times Square Church
Attn: Accounting Dept.
1657 Broadway, 4th Floor
New York, NY 10019
p: (212) 541-6300
f: (212) 871-5787
e: info@tscnyc.org

Online Donations: tscnyc.org/donate