

**CREDIT CARD AUTHORIZATION FORM  
TZEDAKA FUND DONATION**

Name on Card: \_\_\_\_\_

VISA:                       MC:

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

I authorize my Visa/Mastercard to be charged as follows :

1. Monthly : \_\_\_\_    Amount: \_\_\_\_\_    Date to  
charge: \_\_\_\_\_

2. Date	Amount	Date	Amount
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: \_\_\_\_\_

(a 2% surcharge will be added to cover the processing costs)