

Authorization Form - Recurring Gift by Credit/Debit Card

Lutheran Social Services of Michigan

Please complete and mail this form to: Development Department
Lutheran Social Services of Michigan
8131 E. Jefferson Ave.
Detroit, MI 48214

Effective Date of Authorization: _____

Type of Authorization: New Authorization Change credit card information
 Change payment amount Discontinue recurring gift
 Change payment date

Recurring gift amount: \$ _____ to be charged per month per quarter

Type of credit/debit card: VISA MasterCard Discover American Express

Account Number: _____ Expiration Date: _____

Name (as it reads on your credit card): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Signature: _____