



## Community of Care

### Credit Card Authorization

Please complete all fields.

This authorization will remain in effect until cancelled in writing by the card holder.

**CREDIT CARD INFORMATION:**

Card Type:	<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
Card Holder Name: (as shown on card)			
Card Number:			
Expiration Date: (mm/yy)		Security Code: (on reverse of card)	
Cardholder Postal Code: (from credit card billing address)			

**CARD HOLDER AUTHORIZATION:**

I, \_\_\_\_\_, authorize *The United Way of Colchester County* to charge the credit card above for the agreed upon donation (see below for details). I understand and accept that my information will be saved on file and that this agreement will remain in effect until I advise the united Way of Colchester County in writing of any changes or cancellation.

**DONATION DETAILS:**

Monthly Donation Amount: \$ \_\_\_\_\_

Date to be Processed: 15<sup>th</sup> of each month

Starting Month: \_\_\_\_\_

Direct my gift to the following Focus Area(s):

- |   |  |
|---|--|
| <input type="checkbox"/> Helping Kids Be All They Can Be                        | <input type="checkbox"/> Building Strong & Healthy Communities |
| <input type="checkbox"/> Moving People from Poverty to Possibility              | <input type="checkbox"/> Community Fund for General Use        |
| <input type="checkbox"/> Back to School <input type="checkbox"/> Bikes for Kids | <input type="checkbox"/> Elves for Elders                      |

Authorization Date: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

United Way of Colchester County / PO Box 32 Truro NS B2N 5B6 / 902 895.9313 / [coordinator@colchester.unitedway.ca](mailto:coordinator@colchester.unitedway.ca)