



ASCENSION CATHOLIC PARISH

"Sharing the Spirit Together in Christ"

Credit Card Authorization Form

New: _____ Revision from current Pre-Authorized Payment: _____

MasterCard: _____ Visa: _____

PLEASE PRINT

Name: _____

Address: _____

City: _____ Postal Code: _____ Phone #: _____

Email Address: _____

Card #: _____ Expiry Date of Card: _____ / _____

3 digit Security # of Card: _____

I authorize Ascension Catholic Parish to charge my credit card for the following amount \$_____ on the **2nd** or **17th** of each month (**circle one**). I understand that I can change my donation at any time by contacting the Parish office.

Parish Operations & Programs	\$ _____
Building Fund / Renovation Fund	\$ _____
Together in Action (TIA)	\$ _____
Total:	\$ _____

Signature

Date

Completed forms may be mailed; hand delivered or faxed to the Ascension office or placed in a sealed envelope and dropped into the collection basket at one of the weekend Masses.
Thank you!