



Credit/Debit Card Authorization Form

Yes, I want to save time & money in supporting the REPLENISH MINISTRIES, INC.

Fill out and mail or email form to:
REPLENISH MINISTRIES, INC.
PO BOX 1, INDIAN VALLEY, VA 24105
Phone-540-267-6763

Personal Information (*Required Fields)
Name on Card*:
Address*:
City*: State*: Postal Code*:
Country*: Email*:
Phone:

Donation Information

I authorize REPLENISH MINISTRIES, INC. to charge my credit card
Once valid 30 days from today \$ (One Time authorization)
(minimum: \$5.00)
Monthly on the 5th of each month \$ (Monthly authorization)
(minimum: \$10.00 a month)
Quarterly on the 4th of March, June, Sept, Dec \$ (Quarterly authorization)
(minimum: \$30.00 a quarter)

Credit Card Information Visa MasterCard Discover Debit
Credit Card Number*:
Expiration Date*: CVV Code:

By signing this form, you authorize REPLENISH MINISTRIES, INC. to charge the credit card listed above for the amount instructed. The recurring charge will stay in effect until you chose to cancel by giving 15 days written notice or by submitting updated information. Your donation will appear on your credit card statement automatically. Each January you will receive a statement from REPLENISH MINISTRIES, INC. showing the amount you have donated during the calendar year (January to December). Save this statement for tax documentation.

Signature of card holder* *Date

REPLENISH MINISTRIES, INC. is a 501 (C) (3) non-profit organization, our Federal Tax ID # is 47- 1083103. All donations to REPLENISH MINISTRIES, INC. are tax deductible to the extent allow by law. Phone: 540-267-6763