



Preauthorized Credit Card Donation

This is my authorization agreement for automatic withdrawal on my credit card to Advent Group Ministries, Federal ID number 77-0100966.

I/we hereby authorize Advent Group Ministries, San Jose, California, to initiate credit card charges to my/our credit card indicated below in the amount of \$_____, on the 1st or the 15th (**circle one**) day of each month, effective the date this form is signed.

CREDIT CARD INFORMATION

Name on Card: _____

Address: _____

City: _____ State: _____ Zip: _____

CHARGE: (**circle one**) VISA / Mastercard / AMEX

Account Number: _____ Security Code: _____

DONOR INFORMATION

This authorization is to remain in full force and effect until Advent Group Ministries has received written notification from me/us of its termination in such a time and manner as to afford Advent Group Ministries and the credit card company a reasonable opportunity to act on it.

My/Our Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Daytime Phone Number :(_____) _____

Evening Phone Number :(_____) _____

Donor Signature: _____ Date: _____

Donor Signature: _____ Date: _____

Please FAX or MAIL to: Advent Group Ministries
Resource Development
90 Great Oaks Boulevard, Suite 108
San Jose, CA 95119
Phone: 1-800-98-ADVENT or 408-281-0708
Fax: 408-281-2658