



Credit Card Authorization Form

501(c)(3) Public Non-Profit

d.b.a. Step Forward
The Net Giver Foundation, Inc.
1801 SW New Orleans Ave
Lee Summit, MO 64081

Tax ID: 27-1908764
Phone: (816) 806-5126
Fax: (866) 400-3371
info@stepforwardkids.org

Instructions:

Please print and complete this form with a dark pen, sign the credit card holder's signature, and scan/email or fax the completed for back to us.

Credit Card Holder's Name and Billing Address

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-Mail: _____

Credit Card Information

Visa MC AmEx

Card Number: _____
Expiration Date: _____ CVC Code: _____
Amount: \$ _____ Monthly One-Time-Only

I, the below signed individual, hereby authorize Net Giver Foundation, Inc. (d.b.a Step Forward) to charge my credit card the above listed "Amount" at the above listed frequency, until which date that I request cancellation of these reoccurring donations via email to info@stepforwardkids.org or written notice to Step Forward's address, also listed above. Donation receipts available upon request.

Signature _____ Date: _____

Name _____

Thank you for your generous support!