



Credit Card Authorization Form

501(c)(3) Public Non-Profit

The Net Giver Foundation, Inc.
1801 SW New Orleans Ave
Lee Summit, MO 64081

Tax ID: 27-1908764
Phone: (816) 200-0876
info@ngfnd.org

Instructions:

Please print and complete this form with a dark pen, sign the credit card holder's signature, and scan/email or text a photo of the completed form 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, authorize Net Giver Foundation, Inc. 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@ngfnd.org** or written notice to NG Foundation's address, also listed above. Donation receipts available upon request.

Signature _____ Date: _____

Name _____

Thank you for your generous support!