



## DONATION AUTHORIZATION FORM

One Time                       Recurring                      Amount \$ \_\_\_\_\_  
Start Date: \_\_\_\_\_  
MM/DD/YYYY

By Debit/Credit Card

Visa    Master    Discover    American Express

Name on Card: \_\_\_\_\_

Card Number:

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Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I authorize RANJIT NAGARA to Withdraw the DONATION amount one time or recurring as listed above.

Card / Bank Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Card/Bank Account Holder Name: \_\_\_\_\_ Title: \_\_\_\_\_

### For office use only

Form Received by: \_\_\_\_\_  
Print

Receiver Signature: \_\_\_\_\_  
Sign

Date Received in office: \_\_\_\_\_  
Date

Assigned to: \_\_\_\_\_  
Print

Form Processed by \_\_\_\_\_

Processor Signature: \_\_\_\_\_

Remarks: \_\_\_\_\_