



Monthly Automatic Credit Card Donation Agreement Form

Authorization Agreement			
I hereby authorize Grobrites for Charity, Inc. to withdraw monthly donations from my credit card in the amount stated below.			
This agreement will remain in effect until Grobrites for Charity, Inc. receives a written or emailed cancellation request from me. I will receive an emailed confirmation of my cancellation request.			
Credit Card Information			
Name on Credit Card:			
Credit Card Number:			
Credit Card Expiration Date:		VISA <input type="checkbox"/>	MasterCard <input type="checkbox"/>
Withdrawal Information			
Monthly Credit Card Withdrawal Amount:		Date of Monthly Withdrawal:	
Start Date of Monthly Withdrawal:		15 th of Each Month <input type="checkbox"/>	Last Day of Each Month <input type="checkbox"/>
Signature(s)			
Authorized Signature:		Date Signed:	
Email:		Phone Number:	
<p align="center">Please let us know of any updates to this information by submitting a new form. Updating your information? Check here: <input type="checkbox"/></p>			

Please print this form and mail it, completed, to:
Grobrites for Charity, P.O. Box 52828, Riverside, CA, 92517-3828