



AUTHORIZATION AGREEMENT FOR MONTHLY CREDIT CARD DONATION

I give permission to the Thomas More College of Liberal Arts to charge my credit card each month.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

GIFT INFORMATION

Monthly contribution amount: \$ _____

Credit Card Number: _____ Exp. _____

BILLING ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)

Address: _____

City: _____ State: _____ Zip: _____

I have read, understand, and agree with the information on the bottom of this form

Signature: _____ Date: _____

I grant permission to the Thomas More College of Liberal Arts to charge my credit card on a monthly basis. This agreement will remain in effect until I write a note or call Thomas More College telling them to end this agreement.

In the event of an error, I have the right to tell my credit card to refuse payment. I understand and agree that my credit card company is responsible for the accurate and timely posting of my transferred gift. In the event of an error or a double charge, I will handle this problem directly with Thomas More College.

Thank you for your support of the Thomas More College of Liberal Arts.

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