



Recurring Credit Card Donation Authorization Form

I would like to make a recurring donation with my credit card.
Please charge my credit card:

Visa MasterCard Discover

Card number _____ Exp. _____

Billing Zipcode _____

Cardholder Name (please print): _____

Address: _____

City/State/Zip: _____

Phone and/or Email: _____

Signature: _____

Date: _____

I would like to pay my pledge:

Annually Semi-Annually Monthly

I would like to dramatically reduce the costs associated with Fundraising and traditional paper billing. You may automatically bill my credit/debit card in the amount of \$ _____

Please return this form to: SSHSA, 30C Kenney Drive, Cranston, RI 02920