

Shalom Mountain, Inc.
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Livingston Manor, NY 12758
845-482-5421
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Recurring Faithful Friend Payment Authorization Form

If you would like to enjoy the convenience and generosity of automatic recurring donations, simply print out and complete the Donation and Credit Card Information below and sign the form and return it to Shalom Mountain, Inc via e-mail, fax or postal mail.

All requested information is required. Upon receipt, we will automatically bill your credit card for the amount indicated and your charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Thank you for your generous support of Shalom Mountain as a Faithful Friend.

Donation and Credit Card Information

Name of Faithful Friend Donor: _____

Phone Number: _____

Email: _____

I authorize Shalom Mountain, Inc. to automatically bill the card listed below on the 21st of each month:

Start on _____ (month,year)

End on (choose one below)

_____ month/year

_____ No end date. (I will contact Shalom Mountain to cancel this charge.)

Recurring Monthly amount: _____

Card Type (Choose one)

MasterCard VISA Discover AMEX

Name on Card: _____

Card number: _____

Expiration date: ____/____ **CVV number (3-4 digits on back of card)** _____

Cardholder ZIP Code _____ (from credit card billing address)

Donor's signature: _____ Date _____