

SACREDSELECTIONS.ORG



SACRED SELECTIONS

916.770.0336

RECURRING DONATION

FULL NAME _____ EMAIL ADDRESS _____

PHONE NUMBER _____

PLEASE ENTER THE AMOUNT OF YOUR RECURRING DONATION AND
INDICATE THE DATE YOU WISH FOR IT TO TAKE PLACE.

\$ _____ WITHDRAWN ON THE _____ DAY OF EACH MONTH

ADDRESS _____

VISA MASTERCARD

CITY _____ CARD NUMBER _____

STATE _____ ZIP CODE _____ EXP DATE _____ SECURITY CODE _____

I HEREBY AUTHORIZE SACRED SELECTIONS, INC., A 501(C)3 CHARITABLE ORGANIZATION, AND THE CREDIT CARD ISSUER INDICATED TO RELEASE FUNDS
ONCE PER MONTH FOR A DONATION IN THE AMOUNT INDICATED. I KNOW THAT SACRED SELECTIONS, INC. WILL ISSUE A TAX-DEDUCTIBLE RECEIPT BY
THE END OF FEBRUARY EACH YEAR FOR THE FULL AMOUNT DONATED.

SIGNATURE _____ DATE _____

THANK YOU FOR YOUR SUPPORT OF SACRED SELECTIONS!