

Trinity Church on the Green Credit Card Authorization

Name _____

Telephone _____

Email _____

I authorize Trinity Church to charge my credit card as follows:

Amount per charge \$ _____

Frequency One time ___ Monthly ___ Quarterly ___

Other (please specify) _____

Starting Date _____ Ending Date _____

Purpose Pledge ___ Donation ___

Other (please specify) _____

Card Type: Visa ___ MC ___ Amex ___ Discover ___

Credit Card Number _____

Expiration Date _____ Verification Code from back _____

Name as shown on credit card _____

Mailing address credit card bill is sent to (for verification)

Signature _____ Date _____

Please return this form to:

Sherrill Farkas, Parish Administrator
Trinity Church on the Green
950 Chapel Street 2nd floor
New Haven, CT 06510
(203)776-2606, fax (203)624-2412
sfarkas@trinitynewhaven.org