



## RECURRING CREDIT CARD DONATION AUTHORIZATION FORM

### DONOR'S CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

### MONTHLY PAYMENT OPTION:

- I authorize a monthly payment in the amount of: \$ \_\_\_\_\_ to be taken on the *15th day of each month* starting on \_\_\_\_\_ (MM/YYYY), for the CNYSPCA

### QUARTERLY PAYMENT OPTION:

- I authorize a quarterly payment in the amount of: \$ \_\_\_\_\_ to be taken out *Quarterly - March 31, June 30, September 30 and December 31* starting on \_\_\_\_\_ (MM/YYYY), for the CNYSPCA.

### ANNUAL PAYMENT OPTION:

- I authorize an annual payment in the amount of: \$ \_\_\_\_\_ to be taken out *Annually* starting on \_\_\_\_\_ (MM/YYYY), for the Central New York SPCA.

### PAYMENT INFORMATION

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Visa       MasterCard      CVV # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Signature required)*

This personal information is being collected under the authority of *The Central New York SPCA*. It will be used for administrative purposes related to monthly donations. It will not be used or disclosed for other purposes, unless permitted by the *Freedom of Information*. If you have any questions about the collection of your personal information, please contact the Central New York SPCA at 454-3771. Donors can cancel a recurring donation pledge at any time by send in a written request to do so to The Central New York SPCA, 5878 East Molloy Road, Syracuse New York 13211. All request received after the 15<sup>th</sup> of the month would apply to that following month.

Contributions are tax-deductible to the full extent of the law.  
Central New York SPCA, Tax ID # 15-0532072, is a registered nonprofit 501(c) 3 corporation.

**CENTRAL NEW YORK SPCA, 5878 East Molloy Road, Syracuse, NY 13211**