



# Guilford Interfaith Hospitality Network

707 N. Greene St.  
Greensboro, NC 27401  
Phone: 336-574-0333  
Fax: 336-574-0575

[www.GIHN.org](http://www.GIHN.org)





1307 Guyer St.  
High Point, NC 27265  
Phone: 336-886-1121  
Fax: 336-886-1125

To set up monthly donations using your credit or debit card, please print, complete, and return this form to the address below.

## AUTHORIZATION AGREEMENT Monthly Credit/Debit Card Payments

I hereby authorize **Guilford Interfaith Hospitality Network**, hereinafter called COMPANY, to charge monthly donations to my credit or debit card account identified below for the amount and number of payments shown below.

**All fields are required except where noted.**

Monthly Amount	\$
Number of Monthly Donations	
Name <i>(as it appears on the card)</i>	
Card Billing Address Line 1:	
Card Billing Address Line 2: <i>(optional)</i>	
City	
State	
ZIP Code	
Cardholder Telephone	
Email <i>(for monthly confirmations)</i>	
Payment Type <i>(circle one)</i>	   
Credit/Debit Card Number	
Expiration Date <i>(mm/yy)</i>	
Customer Security Code <i>(CSC)</i>	

The donations authorized herein shall be processed on the 10<sup>th</sup> of each month as long as the authorization is in effect. This authorization is to remain in full force and effect until COMPANY has received written notification from the cardholder of its termination.

\_\_\_\_\_  
Signature of cardholder *(as it appears on the card)*

\_\_\_\_\_  
Date

RETURN FORM TO: Guilford Interfaith Hospitality Network  
707 N. Greene Street  
Greensboro, NC 27401

*“ . . . to divide your bread with the hungry and bring the homeless poor into the house.” Isaiah 58:7*