

**Companions in Mission
Credit Card Donation Form**



Name: _____
 First Middle Last

Spouse Name: _____
 First Middle Last

Name on Credit Card: _____
 (Please print Cardholder's name as on Credit Card)

Mailing Address:

Phone Number: () - _____ **E-Mail Address:** _____

Please charge my credit card (*circle one*):

American Express Visa MasterCard Discover

Card Account Number: _____

Expiration Date: _____

Amount of Donation \$: _____ **Starting date:** _____

Frequency of Donation:

Please circle one:

One-Time Monthly Quarterly Annually

Cardholder's Signature: _____

Mail to:

Maryknoll Lay Missioners
Companions in Mission
P.O. Box 307
Maryknoll, NY 10545-0307