



ST. CATHERINE OF SIENA CHURCH  
 Six Riverside Avenue  
 Riverside, Connecticut 06878  
 (203) 637-3661 ♦ Fax (203) 637-2089  
 e-mail: finance.director@stcath.org

### Credit Card Authorization Form

I hereby authorize St. Catherine of Siena Church to charge the credit card listed below in accordance with the following instructions:

Interval (check one):  monthly  quarterly  annually  one-time only

Amount (whole dollars): \$ \_\_\_\_\_

Purpose (donation to be used as): \_\_\_\_\_  
 (Offertory, Capital Campaign, TIG, etc)

Duration (choose one): \_\_\_\_\_ until I notify St. Catherine's to discontinue  
 \_\_\_\_\_ until \_\_\_\_\_  
 (Date)

**CREDIT CARD INFORMATION:**

Type of Card:  Master Card  VISA

\_\_\_\_\_  
 (Name as it appears on the card)

\_\_\_\_\_  
 (Credit Card number)

\_\_\_\_\_  
 (Credit Card expiration date)

\_\_\_\_\_  
 (Signature) \_\_\_\_\_  
 (Date)