



## Kicks for Kids

### Credit Card Payment Form

Thank you so much for giving to Kicks for Kids! Your donations are tax-deductible and you will receive a receipt for your donations at the end of the year. Please complete this form and mail to Kicks for Kids, 2218 S. 14<sup>th</sup>, Abilene, TX 79605. If you have questions, contact Lisa Merchant at 325-665-7480. Thank you again for your support!

Date of Agreement	Date to Begin Monthly Debit
First and Last Name (as it appears on the account)	
Address on Account (including number, street, city, state, and zip)	
Mailing Address (if different to send donation receipt )	
Phone Number (including area code)	Email Address

Mastercard     
  Visa     
  American Express     
  Discover  
 Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_

I want to:

- Sponsor a child for \$110 per month
- Partially sponsor a child for \$55 per month
- Make a MONTHLY donation of \$ \_\_\_\_\_
- Make a one-time donation of \$ \_\_\_\_\_

Please charge my account on the  1st  15th  \_\_\_\_\_ of the month.

I, \_\_\_\_\_, authorize Kicks for Kids to receive any future sponsorship payments using the information provided above. I understand that my bank account or credit card will be charged for recurring donations each month. This remains in effect until an authorized representative has provided written notice to Kicks for Kids to state otherwise. I understand that I can cancel at any time, and that I should allow thirty days' notice for cancellation.

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