

INTERLINK MINISTRIES, INC.

P.O. Box 460, Apple Creek, OH 44606 – Phone 330-698-5465 – FAX 330-698-1910 – E-mail interlinkfamily@aol.com

Please check if this is a revision to an original we have on file _____

AUTHORIZATION AGREEMENT FOR MONTHLY DONATION BY CREDIT CARD (FOR DONORS)

PERSONAL INFORMATION: (PLEASE PRINT)

YOUR NAME: _____
(As it appears on your Credit Card)

ADDRESS: _____

(City, State, Zip) DAYTIME PHONE: _____

E-MAIL ADDRESS: _____

CREDIT CARD INFORMATION:

___ VISA ___ MASTER CARD ___ DISCOVER

CARD NUMBER: _____ EXP. DATE: _____

AUTHORIZATION:

I hereby authorize INTERLINK MINISTRIES, INC. to charge the above referenced credit card account on the 20th of each month or the next business day in the amount of \$ _____ monthly starting _____, for the following ministry:

Name Of Ministry Your Contribution Is To Go Towards

This authority is to remain in full force and effect until written notice from me has been received by INTERLINK MINISTRIES, INC. in such a manner as to afford reasonable time to act on it.

Signature: _____ Date: _____

* See following page

Dear Monthly Supporter,

In an attempt to save time, envelopes, and postage; we would like to ask if we could send you an end-of-the-year (EOY) statement only and not the usual monthly statements.

Please complete the information below **ONLY** if you desire to receive monthly statements: If you do not fill out the information below, you will **NOT** receive monthly statements. However, you will receive an EOY statement by January 31 for your tax preparation.

I desire to receive my monthly statements as well as my EOY statement.

Indicate yes here _____

Your Name: _____

Return this letter (**ONLY** if you desire to receive monthly statements) along with your completed automatic EFT or credit card form.

Linking Together,
Sharing Christ,
Mike Dunlap
Executive Director
Interlink Ministries, Inc.