



THE
CATHOLIC
FOUNDATION

CREDIT CARD BILLING AUTHORIZATION FORM

Authorization Information

By signing below, I authorize The Catholic Foundation to bill my Credit Card for a charitable donation to:

_____ Fund, held at The Catholic Foundation.

In the amount of \$_____

_____ one-time gift

_____ recurring gift

(choose one) _____ monthly _____ quarterly _____ yearly

Credit Card Information

Credit Card Type _____

16-Digit Card Number _____

Expiration Date _____

Printed Cardholder Name _____

Cardholder Address _____

City/State/Zip _____

Phone _____ Email _____

Authorization Signature _____ Date _____

Please send this form to: The Catholic Foundation | Attention: CC Billing Authorization

Mail: 257 East Broad Street | Columbus, OH 43215 | **Email:** info@catholic-foundation.org | **Fax #:** 614-443-8894

