

**Orphans Africa**  
**Automatic Credit Card Billing Authorization Form**

If you would like to enjoy the convenience of automatic billing, simply complete the information below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

**DONOR INFORMATION:**

Donor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PAYMENT INFORMATION:**

I authorize Orphans Africa to automatically bill the card listed below as specified:

Amount: \$ \_\_\_\_\_ Frequency:  Weekly  Bi-Weekly  Semi-Monthly  Monthly  
 Quarterly  Semi-Annually  Annually (Check only one)

Start billing on: \_\_\_\_/\_\_\_\_/\_\_\_\_ End billing when:  Contract expires: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Donor provides written cancellation

**CREDIT CARD INFORMATION:**

Orphans Africa accepts the following credit cards: **Visa, MasterCard, Discover**

Credit card type: \_\_\_\_\_ Credit card number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_

CVV2/CSV/CID – 3 or 4 digit code on back; 4 digit code on front of American Express  
\_\_\_\_\_

Cardholder's name: \_\_\_\_\_ Cardholder's Zip code (required): \_\_\_\_\_  
(as shown on credit card) (from credit card billing address)

Donor signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_