

**St. Mary of the Hills
Credit Card Authorization**

Name: _____ Env.# _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____

E-mail Address: _____

MasterCard Visa (Circle One)

Credit Card # _____

Expiration Date: _____

Amount of Donation: _____

Monthly (circle one) Date of Withdrawal: 1st 15th

I hereby authorize St. Mary of the Hills to deduct this amount from my account each month.

Signature: _____

I previously had an automatic debit from my checking account. Please discontinue.

**Mail to: St. Mary of the Hills
Attn: Judy Kozlowski
2675 John R
Rochester Hills, MI 48307**

For office use:
Completed date _____

Change of expiration Date: _____

2nd change of expiration: _____

3rd change of expiration: _____