



Patronship Credit/Debit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Card Type (please circle)

MasterCard Visa Discover AMEX Other: _____

Debit Credit

Cardholder Name as shown on the card:

Card Number: _____

Expiration Date: _____ Billing Zip Code: _____

I, _____ authorize
GA Sanctuaries - US Aiderbichl Foundation, Inc. to charge my credit/debit card with the details stated
above for a monthly patronship/donation of (please circle)

\$ 10.- \$20.- \$50.- \$75.- \$100.- Other _____

I understand that my credit/debit card information will be saved to file to facilitate the monthly transactions for my patronship/donation.

Customer Signature

Date

Where can we best reach you in case of a problem?

phone: _____ email: _____

other contact option: _____

Online contact options: <http://GoodAcres.us> or farmoffice@goodacres.us