



## Automatic Recurring Donation Authorization Form

Thank you for your interest in making a recurring donation to Outdoors for All. 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: \_\_\_\_\_ Email address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

### Payment Information

I authorize Outdoors for All Foundation to automatically bill the card listed below as specified:

Amount: \$ \_\_\_\_\_

Frequency (Please choose one):

- Weekly       Semi-Monthly       Quarterly  
 Bi-Weekly       Monthly       Semi-Annually  
 Annually

Start: \_\_\_\_/\_\_\_\_/\_\_\_\_

End: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Continue until I provide written instructions

### Credit Card Information

Outdoors for All accepts **Visa and MasterCard**:

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

Cardholder's name: \_\_\_\_\_ Cardholder's Zip code (required): \_\_\_\_\_

(as shown on credit card) \_\_\_\_\_ (from credit card billing address) \_\_\_\_\_

Customer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Thank you for your support!