

Trinity Church on the Green Credit Card Authorization

Name: _____

Telephone: _____

Email: _____

I authorize Trinity Church to charge my credit card as follows:

Amount per charge \$ _____

Frequency: One time _____ Monthly _____ Quarterly _____
Other (please specify) _____

Starting Month _____ Ending Month _____

Purpose: Pledge _____ Donation _____
Other (please specify) _____

Card Type: Visa _____ MC _____ Amex _____ Discover _____

Credit Card Number: _____ Expiration Date _____

Name as shown on credit card: _____

Mailing address of credit card bill (for verification)

Signature _____ Date _____

Please return this form to:

Sherrill Farkas, Parish Administrator
Trinity Church on the Green
129 Church Street, Suite 705
New Haven, CT 06510
Phone: (203) 624-3101 Fax: (203) 624-2412
Email: sfarkas@trinitynewhaven.org