

Recurring Gift Form

Name:		
Address:		
City:	State:	Zip:
Phone:		
E-mail:		
Monthly Amount:		
Other Amount:		

Credit Card Authorization Agreement

This is my authorization to BiblicalTraining.org
to automatically monthly debit my

Visa
 Mastercard.
 Discover.
 American Express

Name on Card _____

Card No. _____

CVN No. _____

Expiration _____

Signature _____

Credit card authorization agreement terms: I understand that this authorization will be in effect until I notify BiblicalTraining.org in writing or by phone that I no longer desire this service, allowing it reasonable time to act on my notification.

Donor Full Name:	
Signature:	Date:

Return this form to: **BiblicalTraining.org 523 NE Everett St, Camas WA, 98607, USA**