



# St. Christopher Hellenic Orthodox Church

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Please write legibly - thank you!)

## Pledge Details

I will make: Monthly \_\_\_\_ Weekly \_\_\_\_ Annual \_\_\_\_ payments of:  
\$ \_\_\_\_\_ dollars

Starting in the month of \_\_\_\_\_ Year \_\_\_\_\_

## Credit Card Information

VISA \_\_\_\_ MASTERCARD \_\_\_\_ AMERICAN EXPRESS \_\_\_\_ DISCOVER \_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_

I, \_\_\_\_\_ authorize my credit card to be charged for the above amount for the terms specified until I request to stop it in writing.

Signature: \_\_\_\_\_