



ComprehensiveConnections

16338 N IL Hwy. 37, Mt. Vernon, IL 62864 | 618/242-1510

Credit Card Authorization Form

One-Time & Repeat Gifts

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Zip Code: _____

Email _____

Direct Telephone: (_____) _____ - _____

GIFT INFORMATION

Fund Name or Gift Purpose: **Comprehensive Connections**

I authorize a one-time charge against my credit card for the follow amount \$ _____

I authorize a recurring charge against my credit card for the following amount

\$ _____ once every _____ day(s)/week(s)/month(s)/year(s) beginning
____/____/____ and ending after _____ payments.

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____ Security Code: _____

Cardholder Signature _____ Date ____/____/____

This agreement is to remain in effect until Comprehensive Connections receives your written notification to cancel. Such notification must be received to afford reasonable opportunity to act on it.

Donations are gladly accepted and are tax deductible. Many of our programs depend on your generosity. Comprehensive Connections, incorporated as Jefferson County Comprehensive, Inc., is a 501(C) (3) not-for-profit corporation.

▪ Mental Health Center

▪ Substance Abuse

▪ Vocational

▪ Sunshine Center

Connecting you with the help you need.

www.comprehensiveconnections.org

Crisis Line: 618/242-1512 TDD: 618/242-8049