

"For the community and by the community"
1168 San Gabriel Boulevard # E-F
Rosemead, California 91770
(626) 872-2483

Automatic Monthly Donation Authorization Form

Thank you for your interest in making a recurring donation to Guadalupe Pregnancy Services. All requested information is required to process your monthly donation. Upon approval, we will automatically bill your credit/debit card for the amount you choose to donate on a monthly basis, and your total charges will appear on your bank account statement. Payment processing dates may vary but will process around the 25th of each month. You may cancel or make changes to this automatic billing authorization by contacting us at any time. Monthly Donation \$______

Donor Name:		
		_ Cell Phone:
Email:		
Street Address:		City:
State:	Zip Code	::
CREDIT /DEBIT CARD INFO	RMATION	
Name as it appears on Card:		
Card Type:	Card Number:	
Expires:	CSC Number*:	
Billing Street Address (Credit	Card):	
City:	State:	Zip Code:
*The CSC Number is the 3 digit American Express Card.	number on the back of a MasterCar	d or Visa Card, or the 4 digit number on the front of an
I authorize Guadalupe Pregna	ancy Services to automatically b	ill the amount listed above on the card provided o
a monthly basis:		
		Date:

Please print and return this form to: Guadalupe Pregnancy Services, P.O Box 1192, Alhambra, CA 91801

Guadalupe Pregnancy Service is a non-profit public benefit organization under the Federation Program of International Life Services, 501 (3) (c). EIN No. 27-2951886, Group Exemption No. 90-0048781. Your donation is tax deductible.

P.O. Box 1192 Alhambra, CA 91802