



**Automatic Credit Card Deduction  
Authorization Form**

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

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Master Card     Visa     Discover     American Express

\_\_\_ I authorize International Partners in Mission to charge \$34 to my credit card on a quarterly (March, June, September & December) basis on the 15<sup>th</sup> of the month.

\_\_\_ I authorize International Partners in Mission to charge \$\_\_\_\_\_ to my credit card once.

I understand that I am subject to a 3% fee per transaction in addition to my donation.

\_\_\_\_\_  
Signature

Send to:  
International Partners in Mission  
3091 Mayfield Road, Suite 320  
Cleveland Heights, OH 44118

Attn: Laurel Domanski-Diaz