



Please mail to:

St. Vincent de Paul Middletown
Attn: Maty Swartz
P.O. Box 398
617 Main Street
Middletown, CT 06457

OR scan and email to:

mattison@svdmiddletown.org

Credit Card Authorization Form

Credit Card + Contact Information

All fields must be completed prior to form submission

Monthly commitment: _____

Card Type: Mastercard VISA Discover AMEX Other: _____

Cardholder name (as shown on card): _____

Card number: _____

Expiration date (MM/YY): _____ **CVV:** _____

Billing address:

Street 1: _____

Street 2: _____

City: _____ State: _____ Zip: _____

Email address: _____

Phone Number: _____

I, _____, hereby authorize St. Vincent de Paul Middletown, Inc.
(printed name)
to charge my credit card _____ each month as part of the Compassion Crew
(dollar amount)
monthly giving program.

Customer Signature _____ **Date** _____