

Please complete one side of the form. Choose ACH or Credit Card:

**ST. THOMAS MORE
CREDIT CARD AUTHORIZATION FORM
SUNDAY COLLECTION**

Name _____ # _____
Office Use Only

Address _____

City _____ State _____ Zip _____

Type of Card: Visa MasterCard American Express Discover

Credit Card Number: _____

V Code (enter the 3 or 4 digit security code on the back of your card) _____

Expiration Date: _____

Exact Name on Card _____

Amount of Contribution \$ _____

Check One: **Monthly:** or **Weekly:**

Monthly donations are charged the first Monday of the month.

Start Date: _____

Signature _____

There is no processing fee for contributions.

**Please return in a sealed envelope. Drop in the collection basket or mail to the Finance Office:
Finance Manager, St. Thomas More, 800 Ohio Pike, Cincinnati, OH 45245-2299**