



Monthly Sustaining Donor Program: Recurring Payment Authorization Form

Donor Information

Full name: _____

Email Address: _____

Phone Number: _____

Payment Information

I authorize Literacy Volunteers of Coconino County (doing business as The Literacy Center) to automatically bill the card listed below as specified:

Monthly Sustaining Donation

Tax Credit Monthly Sustaining Donation*

Recurring Amount: \$ _____

Frequency Weekly Twice a Month Monthly Quarterly
(check one)

Start on: _____ / _____ / _____ End on: _____ / _____ / _____
 Month Day Year (check one) Month Day Year

No end date

Credit Card Information

Card Type: Master Card Visa Discover AMEX Other _____

Cardholder Name (as shown on card): _____

Cardholder ZIP Code (from credit card billing address): _____

Card Number: _____

Card Expiration Date: _____ / _____
 Month Year

Notify me when my credit card is charged. Please make sure that your email address (listed above) is correct.

Donor Signature

Date

Thank you for your generous support of TLC! *Maximum tax credit donation for a year is \$800 if you are filing jointly and \$400 if you are filing individually. This is separate from and can be in addition to the school tax credit.

Please return to The Literacy Center: 2500 N. Rose St., Ste. 102, Flagstaff, AZ 86004
or email to director@thinkliteracy.org. Questions? Please call 928-556-0313.