

Credit Card Charge Form

- This is a one-time charge
- This is a recurring monthly charge: Starting Date: _____ Ending date: _____

Do not e-mail your credit card information. Print out this form and either mail or fax it.

Mail To: _____ My Name _____
Kagyu Thubten Choling _____
245 Sheafe Road _____
Wappingers Falls, NY 12590 _____
Phone: _____
Fax To: 845-297-5761 Email: _____

I would like Kagyu Thubten Choling to charge my credit card for the following donations, events or items:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<u>It is important that you fill in Total</u>	\$ _____

Please charge my Visa MasterCard

Print Name as it appears on the card _____

Account number _____ / _____ / _____ / _____ / _____ Expiration _____ / _____

Card Holder's signature _____ Today's date _____

Prayers Requested with this donation:

