



## St. Luke Serbian Orthodox Church

10660 River Road  
Potomac, Maryland 20854  
tel: 301.299.2704  
fax: 301.299.2706  
web: [www.svluka.org](http://www.svluka.org)

### CREDIT CARD CONTRIBUTION Recurring Charge Authorization Agreement

I (we) hereby authorize St. Luke Serbian Orthodox Church to charge contributions to my (our) Credit Card as indicated below.

( \* Required Fields )

PLEASE FILL THIS FORM AND FAX TO: 301.229.2706

Full Name as it Appears on Credit Card \* : \_\_\_\_\_

Current Address \* : \_\_\_\_\_

City \* : \_\_\_\_\_ State \* : \_\_\_\_\_ Zip \* : \_\_\_\_\_

Home Telephone Number \* : \_\_\_\_\_ Work Number : \_\_\_\_\_

Card Type (Visa, Amex...) \* : \_\_\_\_\_ Card Number \* : \_\_\_\_\_

Expiration Date (mm/yyyy) \* : \_\_\_\_\_ Card Pin Number \* : \_\_\_\_\_

You have the right to stop payment of a Credit Card charge entry by notification to us five (5) days prior to the charging of the account.

I (We) wish to contribute offerings to the church by way of Credit Card.

Contribution(s) Amount and Date (Please Indicate):

Fund: \_\_\_\_\_  
(Mortgage fund, Building fund, Operating fund, Altar fund or Other)

Day: \_\_\_\_\_ (for example every 5<sup>th</sup> of the month)

Dollar Amount: \_\_\_\_\_ (minimum \$5)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_