

**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

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**