

# Credit/Debit Card Authorization Form

Yes, I want to save time & money in supporting the National Ataxia Foundation.

Fill out and mail or fax form to:

**National Ataxia Foundation**

600 Hwy 169 S, Ste 1725

Minneapolis, MN 55426

FAX-763-553-0167 Attn: Finance Department

**Personal Information** (\*Required Fields)

\*Name on Card: \_\_\_\_\_

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

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \* Postal Code: \_\_\_\_\_

\*Country: \_\_\_\_\_ Email: \_\_\_\_\_

\*Phone: \_\_\_\_\_

**Gift Information**

I Authorize the National Ataxia Foundation to charge my credit card. (Please select one choice below)

**One Time Charge of** \$ \_\_\_\_\_ (One Time amount authorized)

**Monthly** 5<sup>th</sup> of each month \$ \_\_\_\_\_ (Monthly amount authorized)  
(\$10.00 a month Minimum)

**Quarterly** 5<sup>th</sup> of March, June, Sept & Dec \$ \_\_\_\_\_ (Quarterly amount authorized)  
(\$30.00 a Quarter Minimum)

Notes: \_\_\_\_\_

**(Designate Gift Towards)**

**Credit Card Information**

Visa

MasterCard

Discover

Debit

\*Credit Card Number: \_\_\_\_\_

\*Expiration Date: \_\_\_\_\_ CVV Code: (3-4 digit code on back) \_\_\_\_\_

By signing this form, you authorize the National Ataxia Foundation to charge the credit card listed above for the amount instructed. The recurring charge will stay in effect until you chose to cancel giving 15 days written notice or by submitting updated information. Your gift will appear on your credit card statement automatically. Each **January** you will receive a statement from NAF showing the amount you have donated **during the calendar year (January-December). Save this statement for tax documentation.**

\_\_\_\_\_  
\*Signature of card holder (required)

\_\_\_\_\_  
\*Date

The National Ataxia Foundation is a 501 (C) (3) non-profit organization, our Federal Tax ID # is 41-0832903. All donations to NAF are tax deductible to the extent allow by law. Phone: 763-553-0020

**Please keep a copy of this authorization form for your records & Thank you.**

Date Received: \_\_\_\_\_ Date Initiated: \_\_\_\_\_