



Credit Card Payment Authorization

If you would like to make a one-time contribution, or set up a monthly automatic recurring donation to AIDNW, please complete and sign this form. All the information requested is required. Upon approval, we will bill your credit card for the amount indicated and your charge will appear on your monthly credit card statement. For automatic recurring donations, we will bill according to your instructions below. You may cancel automatic billing authorization at any time by contacting us in writing.

Name	
Address	
Telephone	

I authorize AIDNW to bill the card listed below as specified:

Amount: \$ _____	<input type="checkbox"/> One time	<input type="checkbox"/> Monthly <i>Every month from the date selected below</i>
For automatic recurring donations select scheduled payment dates: <input type="checkbox"/> 1 st of the month <input type="checkbox"/> 15th <input type="checkbox"/> 25 th <i>Select only one</i>		

Signature _____ Date _____

Please mail this form to: AIDNW, 1915 S. Sheridan Ave., Tacoma, WA 98405

 (once the card information is entered by AIDNW, this portion will be detached and shredded)

Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>	Discover <input type="checkbox"/>	Amex <input type="checkbox"/>
Card number:			
Expiration date:		3 digit code:	
Zip code:			
Amount:			