



## Recurring Credit Card Gifts

Circle one: Mr. / Mrs. / Ms. / Dr.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email \_\_\_\_\_

I would like to make my gift via a monthly payment (minimum \$10/month).

My total gift amount is \$ \_\_\_\_\_.

Please charge \$ \_\_\_\_\_ per month to my credit card on the 15<sup>th</sup> of each month.

Please charge my [ ] MasterCard [ ] VISA [ ] American Express [ ] Discover

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

Name on card \_\_\_\_\_

Please use my gift for the Our Destiny, Our Future Campaign for CUTS Independent Accreditation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PRINT THIS FORM AND MAIL TO:**

LBC at CUTS  
Advancement Department  
2001 W. Lehigh Ave  
Philadelphia, PA 19132

*Thank you!*