



The Newman Catholic Student Center at The University of Iowa



Authorization for Credit Card Contributions

American Express • Diners Club • Discover • MasterCard • Visa

Return to: Newman Center, 104 East Jefferson Street, Iowa City, IA 52245 or Fax 319-337-6858.

Credit Card Authorization: Beginning on (date) _____

Credit Card: Visa MasterCard American Express Discover Diners Club

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date (MM/YYYY): _____ / _____ Authorization Code (usually 3 digits on back) _____

I understand that each transaction will appear on my regular credit card statement showing the name "Newman, Iowa City" or "Newman Singers". I further understand that this agreement will remain in effect until I notify the Newman Center that I wish to change or suspend it, and the Newman Center has a reasonable amount of time to fulfill my request.

Cardholder initial (Required)

Annual Appeal	\$ _____	Frequency: <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Capital Campaign Pledge Payment	\$ _____	Frequency: <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Endowment for Fellowships and Scholarships	\$ _____	Frequency: <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Newman Singers Scholarships	\$ _____	Frequency: <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Offertory	\$ _____	Frequency: <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
Outreach and Education Fund	\$ _____	Frequency: <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually

*Please note that if you authorize contributions to more than one fund, the Newman Center may, at its discretion, process the gifts individually. Your credit card statement may show separate charges on the same date.

Recognition Information

For gift recognition purposes, please list my/our name as follows:

I/we would like to designate this in memory of, in honor, in celebration of:

Authorized By

Print Name: _____ Email: _____

Address: _____
(as filed with your credit card company)

City: _____ State: _____ Zip: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Signature: _____ Date: _____