



BENCHMARK Adventure Ministries™

150 39th Ave N • Nashville, TN 37209
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Recurring Donation Authorization Form

You authorize monthly and other recurring donations. All requested information is required. With this authorization, BENCHMARK will charge your bankcard for the amount indicated and they will appear from InTuit on your monthly bankcard statement. You may cancel this authorization at any time. Please download, complete, sign, and mail this form to BENCHMARK.

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Donor Information

Donor name _____

Email address _____ Phone _____

Donation Information

I authorize BENCHMARK Adventure Ministries, Inc. to automatically bill the card listed below as specified:

Recurring amount: \$ _____

Frequency Once Weekly Twice / Month Monthly on the 7th Monthly on the 21st Quarterly
(Check One)

Start on _____ / _____ / _____
Month Day Year

End on: _____ / _____ / _____
Month Day Year

No end date

Bank Card Information

Card Type MasterCard VISA Discover Other _____

Cardholder Name _____ Cardholder ZIP Code _____
(as shown on card) (from bank billing address)

Card Number _____ Card Security Code _____ Expires _____ / _____
(from back of card)

Send my receipt by email. (Please review your email address above.)

Donor Signature

Date

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