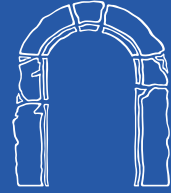


PRE-AUTHORIZED CREDIT CARD AGREEMENT FOR MONTHLY DONATIONS

— EST. 1985 —



FIRST CENTURY
FOUNDATIONS

Turning hearts around the
world towards the land,
people and God of Israel

1. Donor Information (Please print clearly)

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (_____) _____ - _____

Email: _____

2. Credit Card Information

Name on Card: _____

Account Number: _____

Expiry Date: ____ / ____

CVC (number on back): ____

Visa / Mastercard

Please note: We can only accept Visa or Mastercard credit cards. Visa Debit and Mastercard Debit cards will not work.

3. Pre-Authorized Credit Card Details

You the Payor authorize FIRST CENTURY FOUNDATIONS to charge the credit card identified above for \$ _____ on the

1st / 15th / last day of each month beginning on the month of _____ 201____.

You the Payor may revoke your authorization at any time, subject to providing written or verbal notice of 21 days. You have certain recourse rights if any charge does not comply with this agreement. For example, you have the right to receive reimbursement for any charge that is not authorized or is not consistent with this agreement.

Signature of Account Holder: _____

Name (Please Print): _____

Date: Month ____ Day ____ Year ____

WHEN THE FORM IS COMPLETE, MAIL, FAX OR EMAIL IT TO:

First Century Foundations • Box 234 • Milton, ON • L9T 4N9 • Canada

Phone: 905-875-9876 **Fax:** 905-875-9878 **Email:** info@firstcenturyfoundations.com

www.FirstCenturyFoundations.com