

**WOODLAWN FOUNDATION, INC.  
MONTHLY CONTRIBUTIONS BY CREDIT CARD**

I would like to make monthly contributions by credit card to the Woodlawn Foundation, Inc. I hereby authorize Woodlawn Foundation to charge my credit card in the amount of \$\_\_\_\_\_ each month. I understand that I can change or discontinue these charges at any time by writing or calling the Woodlawn Foundation.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_

E-mail \_\_\_\_\_

Credit Card:    \_\_\_ Visa    \_\_\_ MasterCard    \_\_\_ American Express    \_\_\_ Discover

Credit Card Number    \_ \_ \_ \_ \_    \_ \_ \_ \_ \_    \_ \_ \_ \_ \_    \_ \_ \_ \_ \_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Signature or Type in Name

\_\_\_\_\_  
Date