



## St. Mary's Catholic Church

2612 W. State Street  
Boise, Idaho 83702-2243

208-344-2597  
Fax: 344-9337

# CREDIT CARD AUTHORIZATION

**Authorization/Request Form**  
**Processed on the 15<sup>th</sup> of each month**

**Please Print:**

Cardholder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_

Card Type (please circle one)    Visa            MasterCard            Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

Tithe: \$ \_\_\_\_\_ Debt Reduction: \$ \_\_\_\_\_ Food Bank \$ \_\_\_\_\_

**Total amount per month \$ \_\_\_\_\_**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_