



Recurring Donations Payment Authorization Form

Yes! I would like to partner with Mikayla's Grace by giving a regular donation.

Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone (____) _____

Email: _____

Please charge my card \$ _____

Monthly

Quarterly

Other: _____

Credit Card Information:

Accepted methods of Payment: Visa, Mastercard, Discover, American Express

Credit Card Number: _____

Expiration Date: _____

CVC: _____

Credit Card Billing Information: Check here if same as Customer information.

Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone (____) _____

Signature: _____ Date _____

Please email to mikaylasgrace@gmail.com or Mail to PO Box 145, McFarland, WI 535558.
Mikayla's Grace

PO Box 145, McFarland, WI 53558
www.mikaylasgrace.com