



St. Labre Indian School

Authorization for Automatic Credit Card Donation Charges

* Please Fill out ALL Fields *

I authorize St. Labre Indian School to charge my credit card account as listed below. The deduction will be made on the 15th (or closest date if the 15th falls on a weekend) of each month.

This authorization is to remain in full force and effect until St. Labre has received **written notification from me of its termination** in such time and in such manner as to afford St. Labre a reasonable opportunity to act on it.

(Please Print)

Date: _____

Donor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Credit Card Debit/Checking Card Visa MasterCard Discover

Account Number: _____

Expiration Date: _____

Donation Amount: \$ _____ Frequency: Monthly Quarterly Yearly

or the months marked:

Jan _____ Feb _____ Mar _____ Apr _____
 May _____ Jun _____ Jul _____ Aug _____
 Sep _____ Oct _____ Nov _____ Dec _____

Signature: _____

Donor Options

- Do not send me acknowledgements for my donation.
 Do not send me stamped reply envelopes.
 Do not send me appeal letters.
 Please send me an end-of-year receipt for the total sum of my contributions.

Please print out this form and send it to the address below.

St. Labre Indian School
Ashland, MT 59004-1001

We would like to thank you very much for your time and support.