

CHIZ RIDER MINISTRIES DONATION FORM

Name: _____

Address: _____

Phone: _____

_____ Please accept my ___ monthly ___ quarterly ___ one-time donation
toward ___ The Ministry ___ Crew Member (please write crew member name) _____
of: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ other \$ _____

Check Number: _____ Please make checks for donations payable to: **Chiz Rider Ministries, Inc.**

For Credit Card Donations Please Complete the Authorization Below:

I hereby authorize **CHIZ RIDER MINISTRIES** to initiate credit entries for a
___ monthly ___ quarterly ___ one-time donation
of: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ other \$ _____
to my ___ **VISA OR** ___ **MASTERCARD** account indicated below
Beginning on ____/____/____.

(Print Authorized Cardholder Name)

(Card Number)

(3 digit V-Code)

(Expiration Date)

(Cardholder Billing Address)

(City)

(State)

(Zip)

This authority is to remain in full force and effect until **CHIZ RIDER MINISTRIES** has received written notification from me (or either of us) of its termination in such a time and manner as to afford **CHIZ RIDER MINISTRIES** a reasonable opportunity to act on it.

(Authorized Cardholder Signature)

(Date)

You can mail your form to:

Chiz Rider Ministries
110 Science Park Court
State College, PA 16801
(814) 231-8896
info@chizrider.com
www.chizrider.com