



## CREDIT CARD AUTHORIZATION FORM

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By completing this authorization form, I am agreeing to a total donation of \$\_\_\_\_\_ to be credited towards our family's Family Share for the 2008-09 school year.

### Student / Family Information:

Name of Student (1) \_\_\_\_\_

Name of Student (2) \_\_\_\_\_

Name of Student (3) \_\_\_\_\_

Please describe how donation should be distributed (e.g., equally among all students)

\_\_\_\_\_.

Parent Name(s) \_\_\_\_\_

Mailing address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

email address \_\_\_\_\_

### Donation Information:

1. This is a **single** donation in the amount of \$ \_\_\_\_\_; OR
2. This is a **recurring** donation of \$ \_\_\_\_\_ to be made on the first of each of each month beginning \_\_\_\_\_ and ending \_\_\_\_\_.

### Credit Card Information:

I, \_\_\_\_\_, authorize the International School of Monterey Foundation (ISM Foundation) to charge my credit card:

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

Card Type (Mastercard, VISA, Other \_\_\_\_\_)

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**For information about credit card charges to ISM Foundation, please contact Foundation Treasurer at [clmiles33@aol.com](mailto:clmiles33@aol.com).**

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