

## Hope for New York RECURRING CREDIT CARD DONATIONS AGREEMENT

\_\_\_\_\_ does hereby authorize Hope for New York to initiate charges (as tax-deductible donations) to my credit card account as indicated below.

Credit Card Type:	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express	<input type="checkbox"/> Diner's Club
<b>YOUR BILLING INFORMATION:</b>	Cardholder Name:			Phone: (    )	
	Account Number:			Expiration:    /    /	
	Billing Address:		City:	State:	Zip:
	Email Address:				

THE PAYMENT SCHEDULE IS AS FOLLOWS AND WILL BEGIN ON \_\_\_\_\_.

I agree to donate \$\_\_\_\_\_ on the \_\_\_\_ (day) of each month for \_\_\_\_\_ (number of) months to Hope for New York. I understand that I am in full control of my payment, and I will notify Hope for New York if, at any time, I decide to cease making donations in this way.

\_\_\_\_\_  
DONOR SIGNATURE

\_\_\_\_\_  
DATE

***You can return the form any of the three following ways:***

- 1) **Email:** Lisa Taylor at [donate@hfny.org](mailto:donate@hfny.org)
- 2) **Postal Mail:** Hope for New York, 1359 Broadway, Suite 410  
New York, NY 10018
- 3) **Fax:** 212-689-6478

*Questions? Email [donate@hfny.org](mailto:donate@hfny.org) or call 212.871.1808 x1446*

**Please allow 7-10 days for processing. Thank you!**

Hope for New York is an independent 501(c)(3) non-profit charitable organization,  
and your gifts are tax deductible to the full extent of the law.

For more information on donations options, please visit [www.hfny.org/donate](http://www.hfny.org/donate)