

Company Name:

Contact Name:

Mailing Address (on Credit Card):

City: Province: Postal Code:

Telephone: Cell:

Pre-Authorized Payment Information

Credit Card

Visa Master Card

Account Number: Expiry

Date:

Name on Card:

I (we) authorize Georgina Art Centre and Gallery to debit \$_____ from the above credit card on the first day of each month, beginning the 1st business day of, _____ 20____ as a cash donation.

This Pre-authorized payment authorization is to remain in effect until Georgina Art Centre and Gallery has receive written notice.

Authorized Signature

Date