

CREDIT CARD AUTHORIZATION GRACE CHURCH, NEWTON

Name _____ Phone _____
Address _____ Email _____

Credit Card (Circle one) **American Express** **Discover** **MasterCard** **VISA**

Credit Card Number _____ Exp. date: _____
Signature _____ Date _____

Please charge my credit card for the following:

(Circle one) **Single Payment** **Monthly** **Quarterly** **Start Date:** _____ **End Date:** _____

Pledge \$ _____

Slate roof / building fund \$ _____

Other _____ \$ _____

Please drop this in the Treasurer's box in the office or mail to:

**Grace Episcopal Church
76 Eldredge Street
Newton MA 02458**