



Recurring Gift Authorization Form

Use this form to set up automatically recurring gifts to Fort Wayne Animal Care and Control using your credit or debit card.

Gift Information:

Designation (list dollar amount of each payment):

\$_____ Adoption Program	\$_____ Medical Fund
\$_____ Education Program	\$_____ Enforcement Fund
\$_____ Spay/Neuter Program	\$_____ Food Fund
\$_____ Angel Fund	\$_____ Where most needed
\$_____ Volunteer Program	\$_____ Other (Please specify)

Start Date: _____

How often? (Please circle one) Monthly Semi-annually Annually

How long? Until I notify you to stop _____ Number of Payments _____ Stop Date: _____

Payment Authorization:

Credit or Debit Card
I authorize Fort Wayne Animal Care and Control to charge \$ _____ to my:
<input type="checkbox"/> Visa <input type="checkbox"/> Master card <input type="checkbox"/> Discover
Card Number: _____ Exp. Date: _____ CVV: _____
Billing Address: _____
Signature: _____ Date: _____

Matching Gifts:

I anticipate that my gift will be matched by (specify company): _____

Donor Information:

Name: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____

Email: _____

Spouse Information:

Name: _____

E-Mail: _____

Mail form to: ATTN Jami Kelly, Fort Wayne Animal Care and Control, 3020 Hillegas Rd, Fort Wayne, Indiana 46808 or email to Jami.Kelly@cityoffortwayne.org