

Teach Peace Foundation Recurring Donation Form

* Required Fields, if _____ the check the underline for if a yes/no question or input the text/number answer.

Select Payment Method *

_____ Charge a Credit Card

or

_____ Charge a Bank Account

Payment/Authorization Information

Accepted Payment Methods: American Express, Discover, eCheck, MasterCard, & Visa

Card Number _____ * (enter number without spaces)

Expiration Date _____ * (MMYY)

Amount _____ * (i.e.,10.00)

Order Information

Description (optional but you could write something like “Monthly donation of \$20 for food).

Subscription Interval

* Select how often the customer should be billed. You must select a Subscription Interval by entering monthly or an interval based on a set number of days. (e.g., every ___ days (Min 7, Max 365).

Subscription Duration

Enter a Start Date to establish when the subscription begins and enter either an End Date OR indicate the total number of billing occurrences in Ends After to establish when the subscription expires.

Start Date _____ * (MM/DD/YYYY)

No End Date (ongoing subscription) or end after _____ occurrences or specify the end date (MM/DD/YYYY) *

Customer Billing Information

First Name _____ *

Last Name _____ *

Company _____

Address _____

City _____

State/Province _____

Zip Code _____

Country _____

Phone _____ *

Email _____