

Center for Individual Rights
Monthly Giver
Credit Card Authorization Form

Name as it appears on the credit card:

Credit Card Type (circle one): Visa, MasterCard, Diners Club, or American Express Card.

Card number _____ Exp. Date _____

CVV number _____ or CID number _____ (AmEx only)
(CVV-last 3 digits on signature panel; CID-4 digits above card number)

Amount of Contribution each month: _____

*** We usually charge the Monthly Gifts on the 15th of each month; if you prefer to pick a different date, please indicate the date each month you would like credit card charged: _____*

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Email Address (optional): _____

Phone Number (optional): _____

I authorize the Center for Individual Rights to charge the amount specified above on my credit card each month.

Signature: _____ Date: _____

Please Check One:

_____ I'd like to continue to receive solicitation letters on a regular basis from CIR.

_____ I'd rather receive *only one solicitation letter* once a year.

_____ I'd rather receive update letters by e-mail instead of postal mail. I've included my email address above.

The Center for Individual Rights is a 501(c)(3) non-profit, public interest law firm. Contributions to CIR are tax deductible to the limits provided by law.