Center for Individual Rights

Monthly Giver Credit Card Authorization Form

Name as it appears on the credit card:

			
	rd Type (circle one): Visa, Express Card.	MasterCard, Diners	Club, or
Card numbe	Exp. Date		2
CVV number	r or CID 3 digits on signature panel	number; CID-4 digits above	(AmEx only) ve card number)
Amount of	Contribution each month:		
you prefer	ally charge the Monthly Gift r to pick a different date, would like credit card char	please indicate the	e date each
NAME:			
ADDRESS:			
CITY:	STATE	: ZIP:	
Email Addr	ress (optional):		
Phone Numb	per (optional):		
	orize the Center for Individ above on my credit card eac		e the amount
Signature:	:	Date:	
Please Ch	neck One:		
	I'd like to continue to on a regular basis from		ion letters
	I'd rather receive only year.	one solicitation	<i>letter</i> once a
	I'd rather receive updat postal mail. I've inclu	-	

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