

# Credit Card Charge Form

This is a one-time charge

This is a recurring monthly charge: Starting Date: \_\_\_\_\_ Ending date: \_\_\_\_\_

**Do not e-mail your credit card information. Print out this form and either mail or fax it.**

Mail To:  
Palpung Thubten Choling  
245 Sheafe Road  
Wappingers Falls, NY 12590  
**Fax To: 845-297-5761**

My Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

I would like Palpung Thubten Choling to charge my credit card for the following donations, events or items:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b><u>It is important that you fill in Total</u></b>	<b>\$ _____</b>

Please charge my  Visa  MasterCard

Print Name as it appears on the card \_\_\_\_\_

Account number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / Expiration \_\_\_\_\_ / \_\_\_\_\_

Card Holder's signature \_\_\_\_\_ Today's date \_\_\_\_\_

Prayers Requested with this donation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_