



Ferry Beach Park Association

5 Morris Avenue, Saco, Maine 04072

207-282-4489 www.ferrybeach.org

Sustaining Donation Form Authorization for Monthly Donations

Effective Date of Authorization: _____

Type of Authorization Form: (Check one)

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change Bank/Credit Information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Date of First Donation: ___/___/___ Frequency: Monthly ___ On 1st: ___ On 15th: ___

Credit Card Information

Please charge my donation to my: Visa Master Card Discover

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____

Billing Address if different from above: _____

I authorize Ferry Beach Park Association to charge my credit card in accordance with the information above.

Signature on Card: _____ Date: _____