



**INSTITUTE FOR
CREATION
RESEARCH**

**Authorization Agreement for Automated
Recurring Donations by Credit Card**

I hereby authorize the Institute for Creation Research to make a monthly, recurring charge to my credit card in the amount I have indicated below.

Name _____ Signature _____

Address _____

City _____ State _____ Postal Code _____

Country USA Other _____

Phone _____ Email _____

Credit Card Information

MasterCard Visa Discover American Express

Acct # on Card _____

Expiration Date _____ 3-digit Security Code (4-digit for AMEX): _____

on 1st of each month on 5th of each month

Monthly Amount \$ _____ on 10th of each month on 15th of each month

on 20th of each month on 25th of each month

Check here if the name and billing address on your credit card is the same as you entered above. Otherwise, please complete the information below.

Cardholder Name _____

Billing Address _____

City _____ State _____ Postal Code _____

Country USA Other _____

This authorization is to remain in full force and effect until ICR has received written notification from me of its change or termination in such time and in such manner as to afford ICR a reasonable opportunity to act on it.

- Email to giving@icr.org
- Or fax to **214-615-8297**
- Or mail to **ICR, Attn: Accounting, P. O. Box 59029, Dallas, TX 75229**

If you have questions, please contact the Accounting Department at ICR at 800-337-0375 or email giving@icr.org.