The Gotham City Networking Foundation, Inc.

2018 Monthly Donation Authorization Form

MEMBER INFORMATION (please fill in this form completely and write clearly)

❶ The Nonprofit You Are Nominating for a Grant	❸ Your Phone	❹ Your Email
❷ Your Name		
❺ Your Street address to which you receive your month-end credit card statement	❻ Your City	❼ State / Zip

QUARTERLY PAYMENTS

Please note for your records that equal monthly payments will be automatically charged on the following dates in 2018:

July 31, August 31, September 30, October 31, November 30

❽ Monthly Payment Amount: $

multiplied by 5 =

Total Payment : $

PAYMENT INFORMATION Charge my Credit Card: (please write clearly)

❾ Name on Card:

Card Type: ☐ Visa   ☐ MasterCard   ☐ American Express

Card Number: Visa & MasterCard accounts have 16 digits; American Express accounts have 15 digits   Expiration Date:

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SIGNATURE AND AUTHORIZATION

I authorize Gotham City Networking Foundation, Inc. to charge my credit card account as identified above according to the terms stated here. This authorization shall remain in effect until the balance is paid in full.

Upon each periodic charge to my credit card I shall receive an email receipt to the email address above.

All other changes, such as payment amount, frequency, and substitute credit card numbers, will require a new Electronic Payment Authorization Form to be filled out and submitted to Gotham City Networking, Inc. 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by Gotham City Networking Foundation, Inc.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this electronic payment plan. I indemnify and hold Gotham City Networking Foundation, Inc. harmless from damage, loss, or claim resulting from all authorized actions hereunder.

❿ Signature	Date

Scan/email to ybillc@optonline.net or fax securely to attn: Marc W. Halpert at 203.549.0406

Thank you.