



**JUNIOR LEAGUE OF
KANSAS CITY, MISSOURI**

Member Monthly Giving Authorization

Please let this document serve as my formal authorization and approval for the Junior League of Kansas City, Missouri, to charge the below described credit card to make an automatic monthly donation to the Annual Fund of the JLKCMO. This constitutes my express written permission for the Junior League of Kansas City, Missouri to charge the credit card for my monthly donation. This authorization remains in effect until I cancel this agreement with the Junior League of Kansas City, Missouri.

Member Name: _____

Member Signature: _____ Date: _____

Monthly Gift Amount: _____

CREDIT CARD INFORMATION

MasterCard Visa Discover

Credit card number: _____

Expiration date: _____ 3-digit CID on back: _____

Name that appears on card: _____

Phone number: _____

Email address: _____

Cardholder's signature: _____

Thank you for supporting the Junior League of Kansas City, Missouri.