

**WOODLAWN FOUNDATION, INC.
MONTHLY CONTRIBUTIONS BY CREDIT CARD**

I would like to make monthly contributions by credit card to the Woodlawn Foundation, Inc. I hereby authorize Woodlawn Foundation to charge my credit card in the amount of \$_____ each month. I understand that I can change or discontinue these charges at any time by writing or calling the Woodlawn Foundation.

Name _____

Address _____

_____ Phone (____)_____

E-mail _____

Credit Card: ___ Visa ___ MasterCard ___ American Express

Credit Card Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiration Date: Month _____ Year _____

Signature

Date