

**Ann Arbor Christian School**  
**\$20 to \$50 for L.I.F.E. Credit Card Authorization**

Please fill out all information completely, *sign* and return to:

Jan Musch, Finance Office  
Ann Arbor Christian School  
5500 Whitmore Lake Rd.  
Ann Arbor, MI 48105



**\$20 to \$50  
for L.I.F.E.  
commitment**

***CREDIT CARD INFORMATION***

Name \_\_\_\_\_  
as it appears on credit card

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Type of credit card: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_  
3-digit number on back of card

***GIFT INFORMATION***

Amount of Gift \$ \_\_\_\_\_

Frequency of Gift: Monthly \_\_\_\_\_ Other \_\_\_\_\_ (please specify)

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

***AUTHORIZATION***

I authorize Ann Arbor Christian School to charge my credit card for the amount, frequency, and time frame indicated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date