



The Northwest Catholic Counseling Center

Providing help, creating hope...

Faithful Friends Automatic Donation Enrollment Form Credit Card

Last Name _____ First Name _____ M.I. _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

I authorize The Northwest Catholic Counseling Center to charge my credit card on the schedule stated below. This authority will remain in effect until I notify The Northwest Catholic Counseling Center otherwise.

Please charge my VISA/MC _____

Expires _____ / _____ 3 digit security code _____

Signature _____

Amount of authorized charge: \$ _____

Charge period (circle one):

Monthly Quarterly (Feb, May, Aug, Nov) Annually (Month): _____

Date of charge (circle one): 1st 15th

Please mail this form to:

NCC
8383 NE Sandy Blvd., #205
Portland, OR 97220

Donations are tax-deductible. Tax ID 93-1088962

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www.nwcounseling.org