



The Northwest Catholic Counseling Center

Providing help, creating hope...

Faithful Friends Automatic Donation Enrollment Form Credit/Debit 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 credit or debit card: _____

Expires _____ / _____ 3 digit security code _____

Signature _____

I'll contribute: \$ _____ per month.

Date of charge (circle one): 10th 25th

In order for more of your donation to go toward helping clients, you have a choice to pay an additional processing fee of 3.75% + \$0.37 to cover expenses:

I accept the additional processing fee to my total payment.

I prefer not to pay the processing fee at this time.

Please mail this form to:

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

A State Certified Counseling Agency

Donations are tax-deductible. Tax ID 93-1088962

No goods or services were exchanged for this donation

8383 N.E. Sandy Boulevard, Suite 205 • Portland, Oregon 97220 • 503.253.0964

www.nwcounseling.org