



mt. Holiday

Ski & Recreation Area

Authorization of Automatic Donation

This form is to authorize the debiting of my credit card as outlined below.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone _____

Email: _____

Credit Card Number: _____

Expiration: _____ Signature: _____

Total Pledge Amount: _____

Fund or Project to Receive Pledge/Donation: _____

Amount of Each Debit: _____

Frequency of Debit: _____ Weekly _____ Bi-weekly _____ Monthly

Date of Initial Debit: _____ Date of Final Debit: _____

I hereby authorize Mt. Holiday, Inc. to debit my credit card as stated above.

Signature: _____ Date: _____