



CREDIT CARD AUTHORISATION

I hereby authorise Firstlight Church to deduct my giving with amount as indicated below from my credit card, which details are provided.

Purpose: Please tick applicable box below.

- Tithe /Offering
- Firstlight Extension (FLEX) Fund - [Click here for details](#)
- Missions Fund
- Grace Fund
- Education Fund

How would you like to give: Please tick applicable box below.

- One time donation
- Monthly
- Quarterly

For monthly & quarterly giving, please indicate period: fm _____ to _____
MM/YY MM/YY

Please charge my credit card: Please tick one.

- Master Card
- Visa

Expiry date: _____ Amount: \$ _____

Cardholder's Name: _____
[PLEASE PRINT]

Credit Card Number: PLEASE PRINT

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Signature: _____ Date: _____

Email: _____ Phone/mobile: _____