



### PERMISSION TO USE CREDIT CARD

You must complete this form if you wish to have monthly payments made by Credit Card to the Capital Campaign. For any questions or changes, please contact Lakemount Worship Centre Finance Office.

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please charge \$\_\_\_\_\_ on the 30th of each month to the credit card detailed below. This is a contribution for Lakemount Worship Centre Capital Campaign. Charges will commence on October 30th 2010 and be completed on October 30th, 2013, unless otherwise specified by card owner.

Visa **or**  Mastercard

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_