



Mail-In Donation Form

Please mail your check or money order to:

**THE GUY FIERI FOUNDATION
3835 CYPRESS DRIVE SUITE 110
PETALUMA, CA 94954
707-795-2691**

For Credit Card Donation, please choose from a one time donation or a recurring payment schedule by filling out the form below:

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your Visa, Mastercard, Discover or American Express

Here's how recurring payments work:

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated via your monthly invoice. You agree that no prior-notification will be provided.

Complete the following:

I, _____, authorize The Guy Fieri Foundation to charge my credit card indicated below for the amount of \$_____ by the 25th of each month as a recurring donation.

Process: One-Time: Recurring Beginning On: _____

Credit Card: _____

E-Check:

VISA MasterCard Discover American Express E-Check (Attach VOIDED check)

Credit Card Information: Please Complete All Fields		
CARDHOLDER'S NAME (AS IT APPEARS ON CARD)		CARD TYPE
CARD NUMBER	EXPIRY DATE (MM/YY)	CVV (3 or 4 digit code)
ADDRESS OF CARDHOLDER		
CITY / STATE / ZIP	TELEPHONE	EMAIL ADDRESS
SIGNATURE		DATE

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The Guy Fieri Foundation in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of an ACH Transaction being rejected for Credit Card Declined, I understand that The Guy Fieri Foundation may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned. Decline which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.