



Recurring Gift

Total Donation Amount: _____ to be paid in monthly installments of \$ _____ each ending _____ month _____ year.

Corporate: _____ this donation is on behalf of a company

Anonymous: _____ I prefer to make this donation anonymously

Comments: _____

Billing Information:

Title: _____

First Name: _____

Last Name: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Payment Information:

Cardholder's Name: _____

Credit/Debit Card Number: _____

Card Type: Master Visa Discover Master Card American Express

Card Security Code: _____ **Exp. Date:** _____

My gift is **in honor of:** **in memory of:**

Please mail this form to: Family Services of Greater Waterbury
Development Office
34 Murray Street
Waterbury, CT 06710

If you have any questions, please contact our Development Office at 203-591-2390. Thank you!