



Recurring Gift Authorization Form

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Thank you for your interest in supporting the AHIMA Foundation through the [recurring gift program](#). Please complete and return the authorization form to info@ahimafoundation.org to enroll. This document will serve as notification to start and continue payments on your credit card. When you enroll, your gift will automatically be billed to your credit card. All gifts are processed the third Tuesday of each month and will appear on your credit card statement. You may change or cancel your gift at any time by notifying the Foundation in writing.

DONOR BILLING INFORMATION: PLEASE ENTER THE BILLING ADDRESS AND ZIP CODE FOR THE CREDIT CARD USED FOR THIS TRANSACTION	
Name: _____	AHIMA ID: _____
Street address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	Email: _____
HOW OFTEN: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually in the month of _____	
<input type="checkbox"/> MONTHLY GIFT AMOUNT (\$10 minimum) \$ _____	
<input type="checkbox"/> ANNUAL GIFT AMOUNT (\$100 minimum) \$ _____	
DESIGNATION:	
\$ _____ Unrestricted	Scholarship Funds
\$ _____ Endowed Research Fund	\$ _____ Grace Whiting Myers General
\$ _____ Health Information Relief Operation (HIRO) Fund	Scholarship Fund
\$ _____ Other(specify) _____	\$ _____ Other (specify) _____
PAYMENT AUTHORIZATION	
I authorize the AHIMA Foundation to initiate the credit card charge as indicated above. I understand that a record of each donation will be included on my monthly credit card statement and that the Foundation will send a receipt showing the total of all recurring gifts for the calendar year following the end of each calendar year. I may change or cancel this recurring payment by notifying the Foundation in writing. I agree to abide by all terms and conditions of my credit card agreement.	
Signature: _____	Date: _____
CREDIT CARD INFORMATION	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card Number: _____	Exp. Date: _____
Name on Card: _____	Sec Code: _____

The AHIMA Foundation is the 501(c)3 charitable affiliate of AHIMA (the American Health Information Management Association). Contributions to the AHIMA Foundation may be tax deductible to the extent permitted by law. It is suggested to contact your tax advisor. No goods or services were provided by the AHIMA Foundation in return for the contribution.