

## Phillips Theological Seminary Credit Authorization Form

*I hereby authorize Phillips Theological Seminary to initiate a monthly charge to my credit card for the dollar amount(s) specified. I understand these funds will be credited monthly to the account of Phillips Theological Seminary as my regular charitable contribution. I further understand that my contribution is tax-deductible as allowed by law. The authority will remain in effect until I notify PTS in writing to cancel or amend it.*

**(PLEASE PRINT)**

Name(s) as listed on the account \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone number (    ) \_\_\_\_\_

Credit Card Type (check one)     Mastercard     VISA     Discover

(Sorry, we do not take American Express)

Account number: \_\_\_\_\_

Expiration Date :    \_\_\_\_ (Mo)    \_\_\_\_ (Yr)

Amount to withdraw monthly \$ \_\_\_\_\_

For:    \_\_\_\_ Annual Operations (unrestricted for needs deemed by PTS)

      \_\_\_\_ Annual Fund for Student Scholarships

      \_\_\_\_ Endowment: Name of Endowment Fund: \_\_\_\_\_

      \_\_\_\_ Other (specify purpose): \_\_\_\_\_

Signature (as it appears on the card): \_\_\_\_\_

Date \_\_\_\_\_

PLEASE RETURN THIS COMPLETED FORM TO:

**PHILLIPS THEOLOGICAL SEMINARY**

901 N. Mingo Road

Tulsa, Oklahoma 74116

*Thank you very much for supporting Phillips Theological Seminary's mission to prepare men and women for varied Christian ministries in church and society.*