



Authorization of Automatic Charges



Date: _____ 20__

To receive a donation receipt, tax deductible, please fill out the following form:

Type of taxpayer: Personal Corporate Family's name: _____

Donor's full Name: _____

RFC: (if you have one) _____ E- Mail: _____

Phone: _____ Date of birth: _____

I wish to appear in the donor report to the ASFG as: Proper name Family's name Anonymous

Are you ASFG Alumni _____ Class: _____ Your receipt will be sent electronically

The Educational Scholarship Foundation (ESF) of The American School Foundation of Guadalajara, A.C appreciates your generosity making a monthly donation through the "Automatic Fees of American Express / Visa-Master Card" system. This service is an easy and safe way, since the donation will be automatically charged to your card. This form of payment will be made on the 25th of each month. If you decide to cancel the charge, or if there is a change in the card number to which you are applying the charge, we ask you to notify us via email, no later than the 20th of the month to: magdalena.contreras@asfg.mx. The authorized amount charged will be reflected in your account statement and easily identified as Automatic Charge of The American School Foundation of Guadalajara, A.C.

The service does not have any additional cost. The data collected here is intended to make the automatic collection of recurring donations. By signing this document, you consent to the processing of your personal data, under the responsibility of The American School Foundation of Guadalajara, A.C., according to the privacy notice that can be found at www.asfg.mx. To register for the American Express / Visa-MasterCard Automatic Fees program, please fill out the following form: * NOTICE: This service does not accept Visa or MasterCard Cards issued abroad.

Through this I _____ cardholder of American Express / Visa-MasterCard, authorize The American School Foundation of Guadalajara, A.C., to be enrolled in "Automatic Fees of American Express / Visa-MasterCard" for the payment of recurring monthly donation of \$ _____ pesos.

Name: _____ Reference number Assigned by ESF

Email: _____ Phone: _____

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(choose one option)

1) I authorize the recurring charge to my credit card registered in "ASFG cashier" for automatic payments of fees

Signature _____

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2) I authorize the recurring charge to my credit card:



American Express: _____ Expiration date |__|__|__|__|

Credit card number:

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Cardholder signature

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To my: Visa MasterCard



Credit card number: _____ Expiration date |__|__|__|__|

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Credit Debit

Issuing bank: _____

Cardholder signature

Thank you for being part of this great project!

ESF , Opportunities determine destinies