



## National Transplant Assistance Fund

150 N. Radnor Chester Road, Suite F-120, Radnor, PA 19087 · 800-642-8399 · www.transplantfund.org

### NTAF Recurrent Credit Card Billing Request

If you would like NTAF to bill your credit card on a monthly basis, please print, fill out and mail this form to our office: NTAF, 150 N. Radnor Chester Road, Suite F-120, Radnor, PA. 19087

#### Your Information:

1. Name as it appears on your credit card: \_\_\_\_\_
2. Billing address (must match your credit card records *exactly*)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Daytime Phone Number: \_\_\_\_\_
4. Email address: \_\_\_\_\_

#### About your ongoing contribution:

1. I would like to contribute:  
In honor of a patient: Name of patient: \_\_\_\_\_  
To NTAF general operating fund: \_\_\_\_\_  
To the NTAF patient grant program: \_\_\_\_\_
2. How much would you like charged to your credit card each month? \_\_\_\_\_
3. Enter the day of the month you'd like you card charged: \_\_\_\_\_

#### Credit Card Info:

1. Type of credit card: (circle one) VISA    MASTER CARD    AMERICAN EXPRESS
2. What is the credit card number? \_\_\_\_\_
3. What is the expiration date? \_\_\_\_\_

#### To Stop Automated Monthly Charges:

To stop the automatic monthly credit card charges, call NTAF at 800-642-8399 or write us at the above address to instruct us to cease.

#### Sign for Permission

Please **sign and date below** to indicate that you have read this form and that you understand that your credit card will be billed monthly for the amount you indicated until you instruct NTAF to stop. Your signature implies that you have given NTAF your permission to make this monthly charge to your card:

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Please photocopy and retain a copy of this request for your records.  
Please call NTAF at 800-642-8399 with any questions.*