

**MAIL TO:  
CHEROKEE HISTORICAL & PRESERVATION SOCIETY INC.  
301 COLLEGE DRIVE  
GAFFNEY, SC 29340  
(864) 489-3988**

**RECURRING PAYMENT AUTHORIZATION FORM**

If you would like to enjoy the convenience of automatic recurring membership and/or donation, simply complete the Credit Card Information section below, sign, and return this form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us at [chaps@cherokeecountyhistory.org](mailto:chaps@cherokeecountyhistory.org) or 864-489-3988.

**Contact Information**

Member/Donor/Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Payment Information**

I authorize the Cherokee Historical & Preservation Society, Inc. to automatically bill the card listed below as specified:

Annual Dues: \$ \_\_\_\_\_ Annually on (Date) \_\_\_\_\_

Donation Amount: Monthly \$ \_\_\_\_\_, Quarterly \$ \_\_\_\_\_, or Annually \$ \_\_\_\_\_

**Credit Card Information**

Card Type \_\_\_\_ Master Card \_\_\_\_ Visa \_\_\_\_ Discover \_\_\_\_ AMEX \_\_\_\_ Other \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Zip Code: \_\_\_\_\_  
(From Credit Card Billing Address)

Card Number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_

Notify me via email when my credit card is charged. **(Make sure email address above is correct)**

\_\_\_\_\_  
Member/Donor signature

\_\_\_\_\_  
Date