



## Authorization of Automatic Charges

Da	ite:	20
To receive a donation receipt, tax deductible, ple	ase fill out the following fo	orm:
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 rece	eipt will be sent electronically

The Educational Scholarship Foundation (ESF) of The American School Foundation of Guadalajara, A.C appreciates your generosity by making a monthly donation through the "Automatic Fees of American Express / Visa-MasterCard" 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.edu.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	or the payment of recurring
monthly donation of \$ pesos.	

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

Email: \_\_\_\_\_

\_ Phone:\_\_\_

Reference number

Assigned by ESF

(Continued on next page)

## (choose one option)

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

Signature
2) I authorize the recurring charge to my credit card:
American Express: Expiration date           Credit card number:
Cardholder signature
To my: Visa MasterCard Credit card number: Expiration date
Credit Debit
Cardholder signature
Thank you for being part of this great project! ESF , Opportunities determine destinies
Contact us: magdalena.contreras@asfg.edu.mx Phone 33 3648 2403