



Palo Alto Community Child Care

Monthly Donation Form

Monthly donations to PACCC ...

- Will be charged to your credit card between the 20th and 30th of each month.
- May be stopped at anytime, with written notification to PACCC by the 15th of the month.
- Are tax deductible and will be acknowledged in writing at the end of each calendar year for tax purposes.
- PACCC's Tax ID # 94-2242823

Please print or type:

Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Cardholder's Name: _____

Monthly Donation Amount: \$ _____

Credit Card type: Visa MasterCard Discover

Credit card number: _____

Expiration Date: _____ / _____

Security PIN (3 digit # on back of card): _____

I authorize Palo Alto Community Child Care to bill my credit card for \$ _____ monthly, for _____ months, beginning _____ and ending _____.

Signature: _____

**Thank you for partnering with PACCC
and investing in the future of our community!**