



This information is intended for the monthly automated billing for Sweet Mercy Farms Cow Share and no other. Please do not email this form, as our email service is not encrypted. Your signature authorizes Sweet Mercy Farms to bill your credit card for the stated monthly amount. If at any time you wish to stop receiving your share of raw milk, kindly give 14 days' notice prior to the end of the month.

Name on Card _____

Card # _____

Expiration Date _____

3 (or 4)-Digit Security on back: _____

Zip Code: _____

This is a: Visa / Mastercard/Amex

of Shares: _____

Total monthly cost: \$ _____
(# of shares x \$35.)

Preferred Drop-off Location: _____ Saturdays at the Downtown Farmers Market

_____ Wednesdays AM at Sportsman's Warehouse

Many Sweet Thanks!

Your Authorization:

Signature

Donna
Sweet Mercy Farms

Date