



Credit Card Donation Form

Date: _____

Donor Name: _____

Name as it appears on credit card: _____

Billing Address: _____

| | | |
|------|-------|----------|
| City | State | Zip code |
|------|-------|----------|

Home telephone: _____ E-mail _____

Total Gift Amount: _____ Designate gift to: _____

I would like to fulfill my pledge in _____ installment/s of \$ _____ on a:

| | |
|---------------|-------------|
| Monthly | Quarterly |
| Semi-annually | One payment |

Credit Card: Visa _____ MasterCard _____

Acct#: _____ Exp. Date: _____

3 Digit Security code on back of card ____ ____ ____ (need to process transaction)

All transactions will be processed on the 15th of the month. An acknowledgement letter will be sent to you after we receive your pledge and a year-end statement will be mailed listing all gifts for that year unless you specifically request a monthly e-mail acknowledgement at the time of processing. All credit card information is kept secure at all times in data is encrypted once processed.

Signature of cardholder

Signature of EOU Representative

For office use only
Rec'd _____ Processed _____ Effective date _____
Updated 2/5/2012