

CREDIT CARD PAYMENT

Pledge Payment Gift Update Credit Card ONLY Other _____

DONOR Name _____

Existing Account ETAP# _____ New Account Update Contact Info

Address _____

City/ST/ZIP _____

Phone _____ Home Office Cell

Email _____

DONATION Amount \$ _____ Date to Charge Today _____

Card Type VISA MC AMEX DISC

Name on Card _____

Card Number _____

Expiration Date _____ Billing ZIP _____

Undesignated Designated to (Program Name) _____

Update and use this card for all future pledge payments Use this card ONLY for this gift

MEMORIAL/HONOR GIFTS Memorial Honor

In the Name of _____

Notification Name _____

Notification Address _____

Notification City/ST/ZIP _____

SUBMITTED BY _____ Date _____

Information received By Phone In Person My extension is _____

NOTE _____
