



Credit Card Authorization Form

One-Time & Repeat Gifts

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

City: _____ Prov: _____ Postal Code: _____

Email _____

Telephone: _____

GIFT INFORMATION

Fund Name or Gift Purpose: _____

I authorize a one-time charge against my credit card for the follow amount \$ _____

I authorize a recurring charge against my credit card for the following amount

\$ _____ once every _____ day(s)/week(s)/month(s)/year(s) beginning

_____ and ending after _____ payments.

(MM/DD/YYYY)

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Other

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date _____
(MM/DD/YYYY)

Security Code: _____

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