



Credit Card Processing Information

(To be used with **one-time credit card** donations or payments only)

Mission Unit # _____ Submitted by _____ Date ____/____/____ Phone # _____

Donor Information:

Contact # _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail address _____

(Receipts for your electronic gifts will be sent to this e-mail.)

Credit Card Information:

Credit card # _____

Expiration date _____

Signature _____

Total to charge \$ _____

Processing Information:

Campaign/Appeal Code (if applicable)

AUC _____ BQT _____ BQTS _____

CLS _____ FDR _____ GOT _____

GOTS _____ YEA _____ OTHER _____

4110 \$ _____ 4350 \$ _____

4130 \$ _____ 4335 \$ _____