UNION GOSPEL MISSION CREDIT CARD DONATION

Date: ☐☐ ☐☐ ☐☐ Month Day Year **Telephone:** ☐☐☐ ☐☐☐ ☐☐☐☐

Name: _____ **Cardholder:** _____

Address: _____ **Donor #** ☐☐☐☐☐

City: _____ **Postal Code:** _____

Amount: $ _____ **Designation** _____ **One time**
Monthly _____

Visa
M/C ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Expiry:** ☐☐ ☐☐ Month Year

↓For Office Use Only↓ **Taken By:** _____

Called M/C - VISA: ☐☐ ☐☐ ☐☐ Month Day Year **Authorization #** _____ **Cleared:** _____

Silent Partner: ☐☐ ☐☐ ☐☐ Month Day Year **Batch #** ☐☐☐☐ **Receipt #** ☐☐☐☐☐☐

Called M/C - VISA: ☐☐ ☐☐ ☐☐ Month Day Year **Authorization #** _____ **Cleared:** _____

Silent Partner: ☐☐ ☐☐ ☐☐ Month Day Year **Batch #** ☐☐☐☐ **Receipt #** ☐☐☐☐☐☐

Called M/C - VISA: ☐☐ ☐☐ ☐☐ Month Day Year **Authorization #** _____ **Cleared:** _____

Silent Partner: ☐☐ ☐☐ ☐☐ Month Day Year **Batch #** ☐☐☐☐ **Receipt #** ☐☐☐☐☐☐

Called M/C - VISA: ☐☐ ☐☐ ☐☐ Month Day Year **Authorization #** _____ **Cleared:** _____

Silent Partner: ☐☐ ☐☐ ☐☐ Month Day Year **Batch #** ☐☐☐☐ **Receipt #** ☐☐☐☐☐☐

Called M/C - VISA: ☐☐ ☐☐ ☐☐ Month Day Year **Authorization #** _____ **Cleared:** _____

Silent Partner: ☐☐ ☐☐ ☐☐ Month Day Year **Batch #** ☐☐☐☐ **Receipt #** ☐☐☐☐☐☐

Called M/C - VISA: ☐☐ ☐☐ ☐☐ Month Day Year **Authorization #** _____ **Cleared:** _____

Silent Partner: ☐☐ ☐☐ ☐☐ Month Day Year **Batch #** ☐☐☐☐ **Receipt #** ☐☐☐☐☐☐