

UCF *Foundation, Inc.*

Payment by Credit Card Credit Card Payment Authorization Form

donor name: _____

address: _____

city: _____ state: _____ zip: _____

(for corporate/organization donor; please provide contact name and title):

telephone number: _____ home
_____ cell
_____ business

email address: _____ personal
_____ business

The **gift is designated** to fund the:

Charge my credit card one time charge

ongoing or multiple charges

charge every: month quarter year

beginning date: _____ (MM/DD/YYYY)

termination date for credit card charge:

ending date: _____ (MM/DD/YYYY)

until expiration date on credit card, see below

Name as it appears on credit card: _____

personal credit card business credit card

Check credit card to charge: American Express MasterCard VISA

Credit card number: _____

Expiration date: _____ (MM/YY) Verification code: _____

Authorized signature: _____

Date signed: _____