

## Receipt of Donation/Credit Card Donation



Name of Donor \_\_\_\_\_ Amount Donating: \$ \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Circle One: **Cash**      **Check #** \_\_\_\_\_      **Visa**      **MasterCard**      **American Express**

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Person Receiving Donation: \_\_\_\_\_ Department: \_\_\_\_\_

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