

UCF Foundation, Inc.

Donation 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 for \$ _____

ongoing or multiple charges of \$ _____

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: _____

FOR USE BY UCF FOUNDATION STAFF – information to be completed by DEVELOPMENT OFFICER

Raiser's Edge ID: _____ Project #: _____ Development Officer: _____
Revised 03272015

12424 RESEARCH PARKWAY, SUITE 250, ORLANDO, FL 32826-3208, 407.882.1220

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