

# 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:* \_\_\_\_\_