
Credit Card Payments

Please pay my pledge payment with my credit card as follows:

Name on Card _____

Acct. # _____

Card type: MasterCard VISA Discover American Express

Card expiration date* _____

Please Deduct \$ _____ per (check one) month quarter year

Please begin the payments on (date): _____

Signature _____

Date _____

* As the credit card expiration date approaches, we will contact you for updated information. Thank you.
