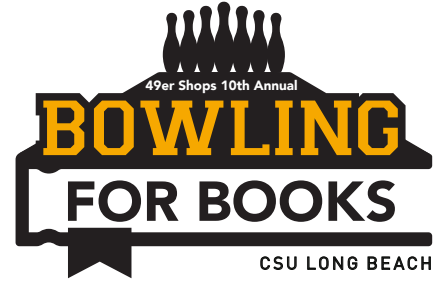


Credit Card Form

(Complete all information)



PLEASE PRINT

Date _____ Company Name _____

Name _____ Daytime Phone _____

Billing Address _____ City _____ Zip _____

Home Address _____ City _____ Zip _____

Card Number _____ Expiration Date _____

Amount \$ _____

THIS IS NOT A RECEIPT.

An official donation receipt will be sent to you at the address above.

DO NOT USE your work address.

Be sure the information provided is accurate and complete. Thank you.

We recommend you make a copy of this completed form for your employee.