

Credit Card Donation Sheet
(We only accept MasterCard, VISA or Discover)

ARCHDIOCESE OF ST. LOUIS MISSION OFFICE

Program _____

Type of Card (circle one): **MasterCard** **VISA** **Discover**

Name (as it appears on card) _____

Billing Address _____

Current Daytime Phone Number (____) _____ - _____

Account Number _____

Security Code (3-digit number on back of card) _____

Expiration Date (as it appears on card) _____

Amount \$ _____

Charge my credit card account for the above amount **one time only**.

Charge my credit card account for the above amount on a **recurring monthly basis** beginning _____ (month) _____ (year) and ending at card expiration date unless otherwise notified.

Signature _____ **Date** _____

For Office Use:

Fund _____ *Purpose* _____

Amount: \$ _____ *Date* _____ *Initials* _____

Account Number to deposit funds into _____

Acct. Unit _____ *Acct.Sub.* _____ *Activity Number* _____