

Credit Card Authorization Form FOR DONATIONS



Credit Card Information

Card Type: MasterCard VISA Discover AMEX
 Other _____

Cardholder Name (as shown on card): _____

Card Number: _____ Three-digit CVV or CVC number: _____

Expiration Date (mm/yy): _____

Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize _____ to charge my credit card above for a **donation to the Holy Martyrs ARS Ashkhen Pilavjian Preschool.**

Customer Signature

Date